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COUNTY HALL,
HERTFORD.

June, 1962.

To the Chairman and Members of the Health Committee.

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour as County Medical Officer to present my Report for the Year 1961.

In my "coming-of-age Report" as School Medical Officer I made references to the changes that have taken place since my first Report in 1940. It is no less interesting to look back at the Public Health Report for the same year.

In those days, the peace-time work of the Department was done on behalf of four committees, one of which—the Public Health and Housing Committee—met under the chairmanship of Alderman Fern.

The medical staff consisted of the County Medical Officer, a Deputy (who was also Chief Clinical Tuberculosis Officer), and three Maternity and Child Welfare Medical Officers, one of whom (Dr. Ormiston) is still with us. These officers were employed in the twenty County Infant Welfare Centres. There were in addition forty Welfare Centres organized and run by voluntary committees.

There are some interesting contrasts in vital statistics :—

<i>Year.</i>	<i>Population.</i>	<i>Birthrate.</i>	<i>Infant Mortality.</i>	<i>Cancer.</i>	<i>Maternal Mortality.</i>	<i>Tuberculosis.</i>
1940 . .	551,800	13·7	40	1·4	2·8	0·38
1961 . .	836,960	16·34	17·23	1·76	0·59	0·05

Unfortunately the Table which appears on page 9 of this year's Report was not a feature of the 1940 edition. It would have been most interesting to have known the part played in 1940 by the causes of death which specially concern us to-day, e.g., diseases of the heart and circulation (items 17 to 21 of Table 3), bronchitis (item 24), lung cancer (item 11), motor accidents (item 33), suicides (item 35). Incidentally, it is interesting to note in this table that there were more deaths from bronchitis than from lung cancer, and that deaths due to motor accidents exceeded deaths by suicide by twenty-three only.

Another interesting contrast is in the type of building used for our work. Before the war, Local Authority clinics were held in a variety of unsuitable buildings. The purpose-built clinic centre was a rarity, and there was only one example in Hertfordshire—at Waltham Cross. At the end of 1961, we were using twenty-nine premises specially designed and built or adapted for our needs. In the old days, one had a certain curious pride in managing to do good work in bad surroundings, but neither the staff nor the mothers who enjoy the use of these new premises would be content with the sort of thing which was accepted twenty years ago.

Fifteen pages of this Report are devoted to mental health. The subject was not mentioned in 1940 though, even in those days, some of us were aware that this was a matter which was of increasing importance to those interested in the health and well-being of our people. Our record for the first complete year of work under the Mental Health Act may not be impressive in terms of bricks and mortar, but it shows that there was a steady increase in the number and quality of the staff, and the account of the work done by them is surely most gratifying. The success of the Mental Health Act as far as we are concerned will be founded on the work of the Mental Welfare Officers and the staffs of the training centres and associated hostels, and not on the number of patients given custodial care by the Local Health Authority rather than by the Hospital Board.

As always, I have to thank the staff on whose individual reports this Annual Report is based and, in particular, Dr. Stewart for his work in editing, annotating and compiling the main Report, and to Mr. Treharne (my Chief Clerk) for the valiant efforts which have resulted in this Report being issued a great deal earlier than its predecessors.

I am, Ladies and Gentlemen,

Your obedient servant,

J. L. DUNLOP,

County Medical Officer.

CHAIRMAN OF THE HEALTH COMMITTEE.

Alderman Mrs. I. D. Paterson, J.P.

SALARIED STAFF. AS AT 31ST DECEMBER, 1961.

County Medical Officer.

J. L. Dunlop, M.D., D.P.H., D.T.M. & H.

Deputy County Medical Officer.

W. Stewart, M.B., Ch.B., D.P.H.

Senior Medical Officer.

R. G. Hendry, M.B., Ch.B., D.R.C.O.G., D.P.H.

Principal Dental Officer.

A. H. Millett, L.D.S., R.C.S.

Consultant Psychiatrist (part-time).

Alfred Torrie, M.A., M.B., Ch.B., D.P.M.

Divisional Medical Officers.

(See also page 7.)

Dacorum.

R. S. Hynd, M.B., Ch.B., D.P.H., Churchill, Park Road, Hemel Hempstead.

North Herts.

V. R. Walker, B.Sc., M.B., Ch.B., D.P.H., 12 Brand Street, Hitchin.

St. Albans.

J. C. Sleight, M.B., Ch.B., D.P.H., 15 Hatfield Road, St. Albans.

South-West Herts.

W. Alcock, M.B., Ch.B., B.Hy., D.P.H., Town Hall, Watford.

Welwyn.

G. R. Taylor, M.B., B.S., D.P.H., "Gooseacre," Cole Green Lane, Welwyn Garden City.

South Herts Division
East Herts Division

} No Divisional Scheme in force.

Assistant County Medical Officers.

F. Barasi, M.R.C.S., L.R.C.P., D.P.H.

D. M. Batty, M.B., Ch.B.

J. M. Beard, B.Sc., M.B., Ch.B.

N. M. Burgess, M.B., Ch.B.

J. E. Crawley, M.B., Ch.B., M.R.C.P.

H. Gough-Thomas, M.A., M.B., B.Chir., D.R.C.O.G., D.P.H.

K. W. M. Harbord, B.A., M.B., B.Ch., B.A.O., D.P.H.

E. M. Harrison, M.B., Ch.B., D.P.H.

E. E. Henderson, M.B., B.S., D.P.H.

E. C. Howarth, M.B., B.S.

L. S. Karpati, M.D. (Graz).

B. W. M. Macartney, B.A., B.M., B.C.L., D.R.C.O.G.

N. MacRae, M.B., Ch.B., D.P.H.

P. L. Martin, M.B., B.S., D.R.C.O.G., D.P.H.

J. D. Morris, M.R.C.S., L.R.C.P.

S. J. Moynihan, M.R.C.S., L.R.C.P.

M. O'Donovan, M.B., B.Ch., B.A.O.

P. B. M. O'Reilly, M.R.C.S., L.R.C.P., D.P.H.

H. E. D. E. Ormiston, M.B., B.S., D.P.H.

M. I. Outram, M.B., Ch.B., D.P.H.

J. M. Ponsford, L.R.C.P. & S., D.R.C.O.G., D.P.H.

B. A. Richards, M.B., B.S., D.R.C.O.G.

E. R. Rue, M.B., B.S.

J. A. M. M. Stevenson, M.R.C.S., L.R.C.P., D.P.H.

E. E. Walton, M.B., B.S.

M. E. Watkins, M.B., B.S.

A. Wilkes, M.B., B.S., D.P.H.

A. H. Wright, M.B., Ch.B.

There are in addition 30 doctors working on a sessional basis.

Chest Physicians (Part-time).

T. A. W. Edwards, B.A., M.B., B.Ch., M.R.C.P.
 A. G. Hounslow, M.D.
 N. MacDonald, M.B., Ch.B., F.R.C.P.
 A. Pines, M.A., M.D., M.R.C.P.
 J. C. Roberts, M.D., M.R.C.P.
 P. W. Roe, B.A., B.M., B.Ch.

County Nursing Officer and Day Nurseries Supervisor.

V. M. King, S.R.N., S.C.M., H.V., Q.N.

Deputy County Nursing Officer and Divisional Nursing Officer for South Herts.

M. A. McClements, S.R.N., S.C.M., H.V., Q.N.

Divisional Nursing Officers.

<i>East Herts</i>	.	B. Brewer, S.R.N., S.C.M., H.V., Q.N.
<i>Dacorum</i>	.	J. C. Maughan, S.R.N., S.C.M., H.V., Q.N.
<i>North Herts</i>	.	S. H. Kestin, S.R.N., S.C.M., H.V., Q.N.
<i>St. Albans</i>	.	E. M. Jeffries, S.R.N., S.C.M., H.V., Q.N.
<i>S.W. Herts</i>	.	A. Featherstone, S.R.N., S.C.M., R.F.N., H.V., Q.N.
<i>Welwyn</i>	.	D. A. Reay, S.R.N., S.C.M., H.V., Q.N.

County Health Inspector.

J. L. Stringer, M.R.S.H., M.A.P.H.I.

Health Education Officer.

G. A. Schadek, S.R.N., S.C.M., H.V., Q.N.

Almoner/Home Help Organizer.

B. M. Campbell, A.M.I.A.

Almoner (Part-time).

P. Morfey, M.A., A.M.I.A.

Psychotherapist (part time).

M. Gurney.

Senior Psychiatric Social Worker.

E. L. Thomas, A.A.P.S.W.

Mental Welfare Officers.

A. Duxbury, A.A.P.S.W.	
E. M. Rendle, A.A.P.S.W.	
H. M. Watson, A.A.P.S.W.	
H. D. Bushell.	E. M. Morris.
K. E. Calladine.	A. G. Peace.
D. H. Edwards.	O. Towing.
R. C. Lingham.	S. R. West.
	G. E. M. Witter.

Chief Clerk.

W. A. Treharne, A.C.I.S.

MEDICAL OFFICERS OF HEALTH AND PUBLIC HEALTH INSPECTORS OF COUNTY DISTRICTS.

(As at 31.12.1961.)

<i>Division.</i>	<i>District M.O.H.</i>	<i>County District.</i>	<i>Public Health Inspector.</i>
East Herts	Dr. E. M. Harrison (A.C.M.O.).	Bishop's Stortford U.D.	Mr. A. L. Good
	*Dr. C. R. Hillis (temporary).	Cheshunt U.D. . . .	Mr. C. Wilson
	Dr. G. M. Frizelle	Hertford B. . . .	Mr. B. Peck
		Hoddesdon U.D. . . .	Mr. W. N. David
		Sawbridgeworth U.D. . .	Mr. C. A. Ford
		Ware U.D. . . .	Mr. C. J. Lucas
		Braughing R.D. . . .	Mr. E. E. Wateridge
*Dr. J. E. Crawley	Ware R.D. . . .	Mr. A. D. G. Goold	
	Hertford R.D. . . .	Mr. H. E. Gilby	
North Herts .	Dr. V. R. Walker (Divisional County M.O.).	Baldock U.D. . . .	Mr. A. D. Gates
		Hitchin U.D. . . .	Mr. N. Holt
		Letchworth U.D. . . .	Mr. A. Jump
		Royston U.D. . . .	Mr. S. M. Jackson
		Stevenage U.D. . . .	Mr. R. V. Lamey
		Hitchin R.D. . . .	Mr. W. M. Matthews
St Albans	Dr. J. C. Sleigh (Divisional County M.O.).	City of St. Albans . . .	Mr. R. E. C. Goddard
		Harpenden U.D. . . .	Mr. J. Snowden
		St. Albans R.D. . . .	Mr. D. J. Graham
		*Dr. G. W. Everett (temporary).	Elstree R.D. . . .	Mr. G. Male
South Herts	Dr. A. L. Hyatt (temporary).	Barnet U.D. . . .	Mr. J. B. Wilson
	*Dr. C. M. Scott (temporary).	East Barnet U.D. . . .	Mr. W. K. Pickup
South-West Herts.	Dr. W. Alcock (Divisional County M.O.).	Watford B. . . .	Mr. K. H. Marsden
	Dr. W. Harvey . . .	Bushey U.D. . . .	Mr. A. C. F. Gisborne
		Chorleywood U.D. . . .	Mr. W. E. Hands
		Rickmansworth U.D. . .	Mr. C. R. Alexander
		Watford R.D. . . .	Mr. S. N. Grigg
Welwyn	Dr. G. R. Taylor (Divisional County M.O.).	Welwyn Garden City U.D.	Mr. M. Stockdale
		Hatfield R.D. . . .	Mr. C. A. Bailey
		Welwyn R.D. . . .	Mr. P. B. Hawley
Dacorum	Dr. R. S. Hynd (Divisional County M.O.).	Hemel Hempstead B. . .	Mr. A. C. Horne
		Berkhamsted U.D. . . .	Mr. R. C. Sweet
		Tring U.D. . . .	Mr. T. William Jones
		Berkhamsted R.D. . . .	Mr. C. Laidman
		Hemel Hempstead R.D.	Mr. R. H. T. Chappell

* Also holds appointment as part-time A.C.M.O.

Except where indicated, the officers named here serve County District Councils and are not on the staff of the County Council. This list is included in the Report for the information of those interested in the staffing of the Health Services in the County as a whole.

ANNUAL REPORT, 1961.

VITAL STATISTICS FOR THE COUNTY OF HERTFORD.

TABLE 1.

POPULATION AND ACREAGE.

	Acreage (land and water)	Population at Mid Year			
		Estimate 1958	Estimate 1959	Estimate 1960	Estimate 1961
Boroughs	21,496	182,710	186,620	190,430	196,830
Urban Districts	71,979	347,190	360,680	373,210	391,520
Rural Districts	311,050	231,300	236,700	242,400	248,610
County	404,525	761,200	784,000	806,040	836,960
England and Wales . . .	37,339,215	46,166,000			

TABLE 2.

STATISTICAL SUMMARY.

Live births	15,030
Live birth rate per 1,000 population	17·96
Still births	271
Still birth rate per 1,000 live and still births	17·71
Total live and still births	15,301
Infant deaths	259
Infant mortality per 1,000 live births—total	17·23
" " " " " " legitimate	16·86
" " " " " " illegitimate	25·88
Neo-natal " " " " (first four weeks)	13·57
Early neo-natal mortality rate (deaths under one week per 1,000 total live births	12·17
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and still births)	29·67
Illegitimate live births per cent of total live births	4·11
Maternal deaths (including abortion)	9
Maternal mortality rate per 1,000 live and still births	0·59
Epidemic death rate per 1,000 population	0·04
Tuberculosis death rate per 1,000 population	0·05
Cancer death rate per 1,000 population	1·76
Heart Disease death rate per 1,000 population	2·85

This summary of the principal vital statistics is prepared from data supplied by the Registrar-General.

The crude death rate of 9·46 compares very favourably with the national rate of 12·0. This figure does not take into account the high proportion of young people in the population of Hertfordshire but even when the balancing factor produced by the Registrar-General to offset this weighting is taken into account the resultant figure of 10·68 is substantially below the national rate.

The crude birth of 17·96 is, as might be expected, above the national rate of 17·4 but it is slightly surprising that when the balancing factor is taken into account the rate is 16·34.

	Crude rate	Rate by balancing factor	National rate
Death rate	9·46	10·68	12·0
Birth rate	17·96	16·34	17·4

TABLE 4—LIVE BIRTH RATE 1931-61

Per 1,000 Population.

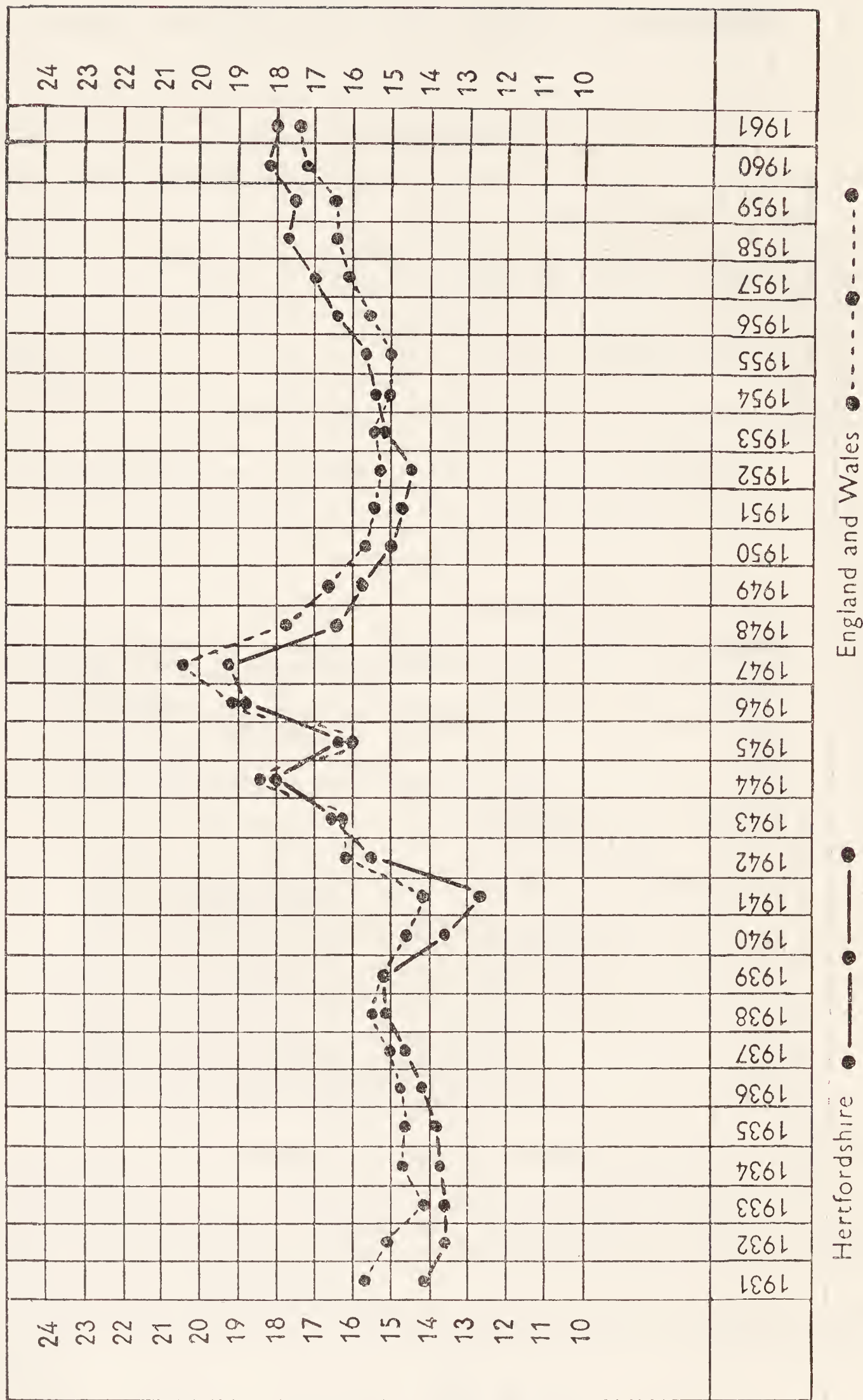


TABLE 5 —LIVE BIRTHS AND INFANT DEATHS, 1961.

	A. Live Births					B. No. of Infant Deaths (under one year)					C. No. of Infants in B who died under four weeks.					
	Legitimate		Illegitimate		Total	Legitimate		Illegitimate		Total	Legitimate		Illegitimate		Total	Rate
	Males	Fe- males	Males	Fe- males		Males	Fe- males	Males	Fe- males		Males	Fe- males				
Boroughs	1,777	1,636	100	87	3,600	20	20	2	1	43	12	15	2	1	30	8·33
Urbans	3,704	3,364	130	117	7,315	99	44	7	2	152	81	32	6	1	120	16·40
Rurals	2,011	1,920	85	99	4,115	33	27	—	4	64	26	24	—	4	54	13·12
County	7,492	6,920	315	303	15,030	152	91	9	7	259	119	71	8	6	204	13·57

TABLE 6.
DEATH RATE.
(per 1,000 population.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1944-53 (average for ten years).	1,667	11.0	2,760	10.1	1,607	9.7	6,034	10.2	11.6
1954 .	1,663	10.0	2,737	9.1	2,202	11.5	6,602	9.8	11.3
1955 .	1,752	10.4	2,990	9.6	2,347	10.8	7,089	10.3	11.7
1956 .	1,768	10.2	2,998	9.3	2,523	11.1	7,289	10.2	11.7
1957 .	1,741	9.7	3,033	9.1	2,355	11.5	7,129	9.6	11.5
1958 .	1,851	10.1	3,129	9.0	2,365	10.2	7,345	9.7	11.7
1959 .	1,924	10.3	3,212	8.9	2,367	10.0	7,503	9.6	11.6
1960 .	1,843	9.6	3,302	8.8	2,333	9.6	7,478	9.3	11.5
1961 .	2,004	10.2	3,487	9.0	2,428	9.8	7,919	9.5	12.0

TABLE 7.
STILL-BIRTH RATE.
(per 1,000 births.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1944-53 (aver- age for ten years)	58	22.2	94	21.0	58	20.6	210	21.1	22.5
1954 . .	64	23.7	95	20.6	69	20.7	228	21.4	24.0
1955 . .	50	17.7	89	18.1	77	23.0	216	19.5	23.1
1956 . .	61	20.6	114	20.8	67	18.6	242	20.1	23.0
1957 . .	57	18.5	115	19.4	74	19.5	246	19.2	22.5
1958 . .	74	22.4	124	18.7	73	18.4	271	19.5	21.6
1959 . .	56	16.5	126	18.7	76	19.1	258	18.3	20.7
1960 . .	71	19.7	125	17.5	64	15.5	260	17.5	19.7
1961 . .	79	21.9	121	16.5	71	17.2	271	18.0	18.7

TABLE 8.
INFANT MORTALITY.
(Deaths under 1 year per 1,000 live births.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1944-53 (aver- age for ten years)	66	26	113	26	69	25	248	25	36
1954 . .	45	17	81	18	57	17	183	18	26
1955 . .	44	16	85	18	50	15	179	16	25
1956 . .	46	16	102	19	66	19	214	18	24
1957 . .	59	20	107	18	69	19	235	19	23
1958 . .	51	16	94	14	79	20	224	16	23
1959 . .	47	14	120	18	64	16	231	17	22
1960 . .	60	17	124	18	73	18	257	18	22
1961 . .	43	12	152	21	64	15	259	17	21

Year	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Value	45	50	48	40	35	38	42	45	48	50	55	58	60	62	65	68	70	72	75	78	80	82	85	88	90	92	95	98	100	102	105

TABLE 10.—DEATHS FROM CANCER OF LUNGS AND BRONCHUS.

Year	Males			Females		
	Total deaths	Deaths from Cancer of Lungs and Bronchus	Ratio of	Total deaths	Deaths from Cancer of Lungs and Bronchus	Ratio of
	2	3	3-2	4	5	5-4
1951 .	3,255	151	21	3,047	22	139
1952 .	3,078	169	18	3,027	29	104
1953 .	3,495	188	18	3,378	34	99
1954 .	3,377	184	18	3,225	32	101
1955 .	3,412	212	16	3,667	36	102
1956 .	3,590	208	17	3,699	39	94
1957 .	3,607	252	14	3,522	37	95
1958 .	3,634	258	14	3,711	37	95
1959 .	3,710	271	14	3,793	42	90
1960 .	3,783	300	13	3,695	43	86
1961 .	3,925	298	13	3,995	67	60

TABLE 11.—MATERNAL MORTALITY

Year	Hertfordshire			England and Wales Rate
	No. of Live and Still Births	No. of Maternal deaths	Rate per 1,000 Live and Still Births	
1951 .	9,433	3	0.3	0.8
1952 .	9,525	6	0.6	0.7
1953 .	9,993	5	0.5	0.8
1954 .	10,652	12	1.1	0.7
1955 .	11,090	5	0.5	0.6
1956 .	12,034	6	0.5	0.6
1957 .	12,784	5	0.4	0.5
1958 .	13,889	6	0.4	0.4
1959 .	14,108	5	0.4	0.4
1960 .	14,874	4	0.3	0.3
1961 .	15,301	9	0.6	0.3

This increase in the number of maternal deaths is disappointing in a County which was one of the first to reduce the rate below 0.5 per thousand births. Each death is the subject of a detailed and confidential enquiry on behalf of the Ministry of Health. The reports are studied—not only by the Ministry's assessors, but also by our own Honorary Obstetric Adviser (Mr. James, M.D., F.R.C.O.G.), to ensure that any incident which has a lesson for the domiciliary midwifery services will be noted. In one of the two cases in this series confined at home, the woman was an unbooked emergency who had not had any supervision in the ante-natal period. This case demonstrates the regrettable fact that things can still go wrong, even with the most carefully organized midwifery service if the public fail to take advantage of the facilities offered.

TABLE 12.—HEART DISEASE DEATH RATE.
(per 1,000 population.)

Year	Hertfordshire							
	Boroughs		Urbans		Rurals		County	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
1944-53 (average for ten years) .	520	3.4	772	2.8	491	3.0	1,783	3.0
1954 . .	530	3.2	846	2.8	704	3.5	2,080	3.1
1955 . .	585	3.5	957	3.1	817	3.9	2,359	3.3
1956 . .	573	3.3	937	3.0	823	3.8	2,333	3.2
1957 . .	533	3.0	947	2.8	798	3.5	2,278	3.1
1958 . .	591	3.2	986	2.8	734	3.2	2,311	3.0
1959 . .	546	2.9	995	2.8	741	3.1	2,282	2.9
1960 . .	559	2.9	1,085	2.9	737	3.0	2,384	2.9
1961 . .	596	3.0	1,050	2.7	749	3.0	2,395	2.9

TABLE 13.

NOTIFICATIONS OF INFECTIOUS DISEASES, 1961. (CORRECTED.)

DISTRICT.	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Acute Pneumonia	Dysentery	Smallpox	Acute Encephalitis		Enteric or Typhoid	Paratyphoid	Erysipelas	Meningococcal Infection	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Chicken Pox	Malaria	Undulant Fever	Infective Hepatitis	Wells Disease	Tuberculosis		Scabies	Total for Districts	
			Paralytic	Non- Paralytic						Infective	Post- Infective													Pulmonary	Non- Pulmonary			
Boroughs—																												
1 Hemel Hempstead	30	4	—	—	1,117	—	1	2	—	—	—	—	—	1	2	16	2	—	—	—	—	—	6	—	22	4	—	1,207
2 Hertford	3	—	—	—	63	—	4	—	—	—	—	—	—	2	2	—	—	—	—	—	—	4	—	5	—	—	86	
3 St. Albans	19	15	—	—	1,060	—	13	—	—	—	—	1	—	1	—	2	3	—	—	—	—	6	—	25	2	—	1,147	
4 Watford	19	29	—	—	734	—	9	8	—	—	—	—	—	1	—	13	7	1	—	—	—	25	—	38	5	—	890	
Totals Boroughs .	71	48	—	—	2,977	—	27	10	—	—	—	1	1	5	4	31	12	1	—	—	—	41	—	90	11	—	3,330	
URBANS—																												
1 Baldock	2	7	—	—	28	—	24	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	4	1	—	67	
2 Barnet	2	4	—	—	359	—	11	30	—	—	—	—	—	3	1	4	1	—	—	—	—	—	—	11	4	—	428	
3 Berkhamsted	10	2	—	—	314	—	3	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	—	7	1	—	343	
4 Bishop's Stortford	1	1	—	—	585	4	5	—	—	—	—	—	—	1	—	1	—	2	—	—	—	2	—	2	—	—	601	
5 Bushey	7	19	—	—	305	—	3	1	—	—	—	1	—	12	—	—	39	1	—	—	—	—	—	3	1	—	382	
6 Cheshunt	50	18	—	—	945	—	20	2	—	—	—	—	—	—	—	1	4	1	—	—	—	—	7	1	—	—	1,062	
7 Chorleywood	—	6	—	—	102	—	7	56	—	—	—	—	—	1	—	1	—	—	—	—	—	—	2	—	—	—	110	
8 East Barnet	9	3	—	—	663	—	—	—	—	—	—	—	—	—	—	—	—	—	135	—	—	—	10	—	—	—	885	
9 Harpenden	29	3	—	—	622	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	717	
10 Hitchin	3	1	—	—	183	—	1	—	—	—	—	—	—	7	—	—	—	—	—	—	—	61	—	7	1	—	196	
11 Hoddesdon	4	6	—	—	444	—	4	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	7	—	—	—	473	
12 Letchworth	2	12	—	—	303	—	8	—	—	—	—	—	—	—	—	3	1	—	—	—	—	—	7	3	1	—	339	
13 Rickmansworth	7	14	—	—	386	—	5	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	9	7	1	—	424	
14 Royston	—	—	—	—	196	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	3	1	—	—	202	
15 Sawbridgeworth	1	1	—	—	80	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	86	
16 Stevenage	41	12	—	—	1,244	—	12	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	10	1	—	—	1,324	
17 Tring	—	—	—	—	94	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	—	—	—	97	
18 Ware	—	1	—	—	44	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	4	—	—	—	50	
19 Welwyn City	23	23	—	—	986	—	19	14	—	—	—	—	—	1	—	—	1	—	—	—	—	—	7	5	—	—	1,079	
Totals Urbans .	191	133	—	—	7,883	4	126	103	—	1	—	—	1	30	1	12	52	3	135	—	—	65	—	104	20	1	8,865	
RURALS—																												
1 Berkhamsted	—	1	—	—	171	—	—	2	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	2	2	—	180	
2 Braughing	1	46	—	—	258	—	5	4	—	—	—	—	—	2	—	—	—	—	—	—	—	6	—	1	2	—	325	
3 Elstree	17	33	—	—	549	—	9	3	—	—	—	—	—	1	—	25	—	—	—	—	—	—	12	5	—	—	654	
4 Hatfield	17	10	—	—	403	—	7	3	—	—	—	—	—	2	—	—	—	—	—	—	—	—	9	1	—	—	452	
5 Hemel Hempstead	3	1	—	—	126	—	—	5	—	—	—	—	—	1	—	2	—	—	—	—	—	2	—	2	1	—	143	
6 Hertford	5	5	—	—	103	—	6	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	120	
7 Hitchin	7	17	—	—	255	—	4	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	9	2	—	—	296	
8 St. Albans	22	10	—	—	939	—	3	7	—	—	—	1	—	—	—	—	—	—	—	—	—	4	—	19	1	—	1,005	
9 Ware	5	3	—	—	115	—	5	—	—	—	—	—	—	2	—	5	—	—	—	—	—	—	2	—	—	—	138	
10 Watford	29	27	—	—	1,487	—	9	6	—	—	—	—	—	—	—	22	—	—	—	—	—	—	26	2	—	—	1,608	
11 Welwyn	3	5	—	—	116	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	127	
Totals Rurals .	109	158	—	—	4,522	—	50	30	—	—	—	1	—	11	1	54	—	—	—	—	—	13	—	82	17	—	5,048	
Totals County .	371	339	—	—	15,382	4	203	143	—	1	—	2	2	46	6	97	64	4	135	—	—	119	—	276	48	1	17,243	

NATIONAL HEALTH SERVICE ACT, 1946.

Notes on Statistical Return to Ministry of Health (Form L.H.S. 27).

Each year the Health Department completes for the Ministry of Health a Return in the form of a statistical summary of the work done in connection with the services administered under Part III of the National Health Service Act, 1946. Comment on the particular services will be found in the body of the report.

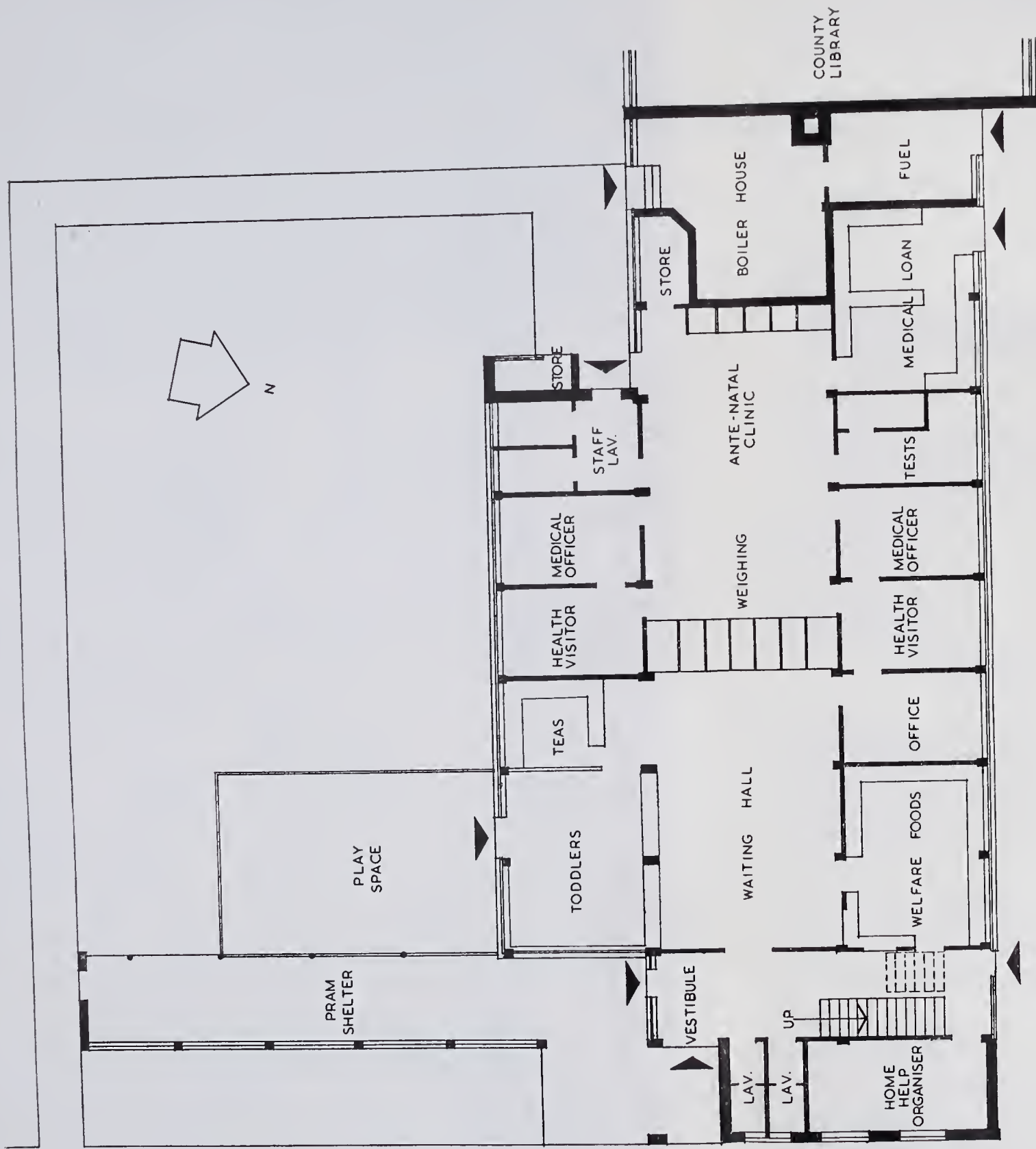
TABLE 14.

	1959.	1960.	1961.
Actual Births :—			
Notified	15,058	16,113	16,560
Live	14,782	15,854	16,293
Still	276	259	267
Premature Births :—			
Notified	820	893	953
Midwives :—			
Domiciliary :—			
Employed by local Health Authority	132	128	133
(Representing whole-time equivalent)	58·4	59·04	63·4
Employed by Hospital Management Committee	6·5	7	8
Private Practice	11	15	15
Institutional :—			
Employed in hospitals	142	135	155
Employed in nursing homes	13	16	11
Gas and Air Analgesia :—			
Midwives qualified to administer gas and air analgesia	283	275	301
Ante-Natal Clinics :—			
Sessions per month	72·7	76·7	74·1
Attendances made	11,350	11,044	10,549
Infant Welfare Centres :—			
Sessions per month	542	530	538
Attendances made	239,196	249,995	268,050
Under 1 year	167,181	171,381	186,041
1 to 2 years	40,424	42,966	43,507
2 to 5 years	31,591	35,648	38,502
Health Visitors :—			
Number employed	140	143	150
(Representing whole-time equivalent)	79·8	74·22	79·3
Clinic Nurses	32	30	30
(Representing whole-time equivalent)	9·6	9·7	9·7
Home Nurses :—			
Number employed	179	173	177
(Representing whole-time equivalent)	109·5	110·64	113·3
Day Nurseries :—			
Approved places : 0-2 years	169	169	159
2-5 years	251	251	226
On register at 31st December : 0-2 years	91	110	98
2-5 years	205	214	218
Average daily attendances : 0-2 years	76	76	79
2-5 years	150	169	188
Home Helps :—			
Employed whole-time	19	—	—
Employed part-time	659	694	717
Nurseries and Child Minders Act, 1948 :—			
Premises registered	27	32	33
Minders registered	125	155	148
Daily Minders receiving fees from the Authority at 31st December	7	7	7
Number of Children cared for under County Council Scheme	10	9	9
Registered Nursing Homes	21	19	15

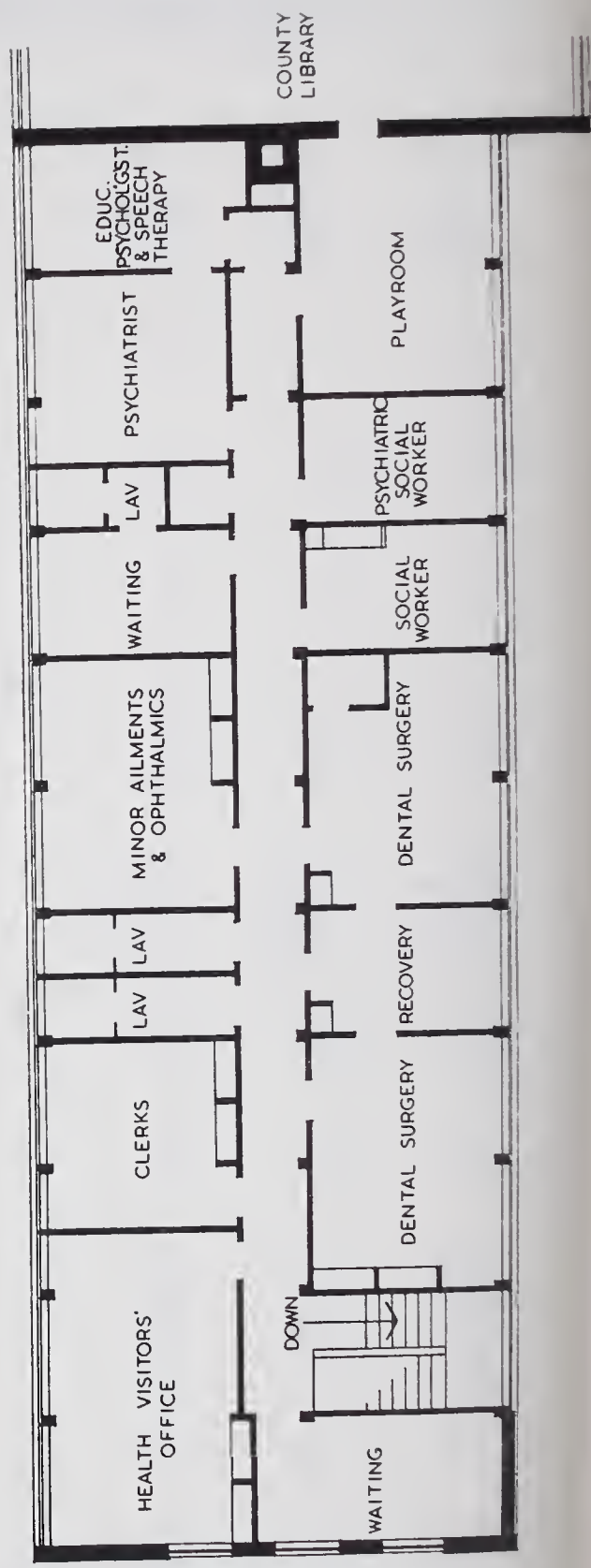
Administrative and Organizing Staff are not included in the above table.

PLAN OF STEVENAGE HEALTH CENTRE





G R O U N D F L O O R P L A N



F I R S T F L O O R P L A N

SECTION 21.—HEALTH PREMISES.

Progress was maintained on the Health Centre programme approved by the County Council in 1956.

The Health Centre at Bishop's Stortford (an adapted building) was occupied early in the year and officially opened by Sir Graham Rowlandson, Chairman of the North-East Metropolitan Regional Hospital Board, in March.

The Principal Health Centre in Stevenage in use from the autumn of 1960 was officially opened in May by Miss Edith Pitt, Parliamentary Secretary to the Minister of Health.

Two subsidiary Health Centres at Cheshunt and Abbots Langley were also occupied early in the year.

The Principal Health Centres at East Barnet and at Hatfield should be ready for use in the spring of 1962.

At Letchworth, where a Dental and a General Practitioner wing has already been built, a start was made on the completion of the Health Centre.

At Ware, too, work was started on the conversion of a war-time Day Nursery into a Health Centre and at Berkhamsted, after many delays due to site difficulties, the construction of a Health Centre was eventually begun in November.

A more ambitious project was begun at Hitchin for the erection of a Health Centre, Divisional Health Offices, and a Junior Training Centre on a site bought from the North-West Metropolitan Regional Hospital Board.

Three Health Annexes to schools were also started ; two (Welwyn Garden City and St. Albans) in conjunction with the building of the schools, and another at St. Albans as a Ministry of Health project in the grounds of a school.

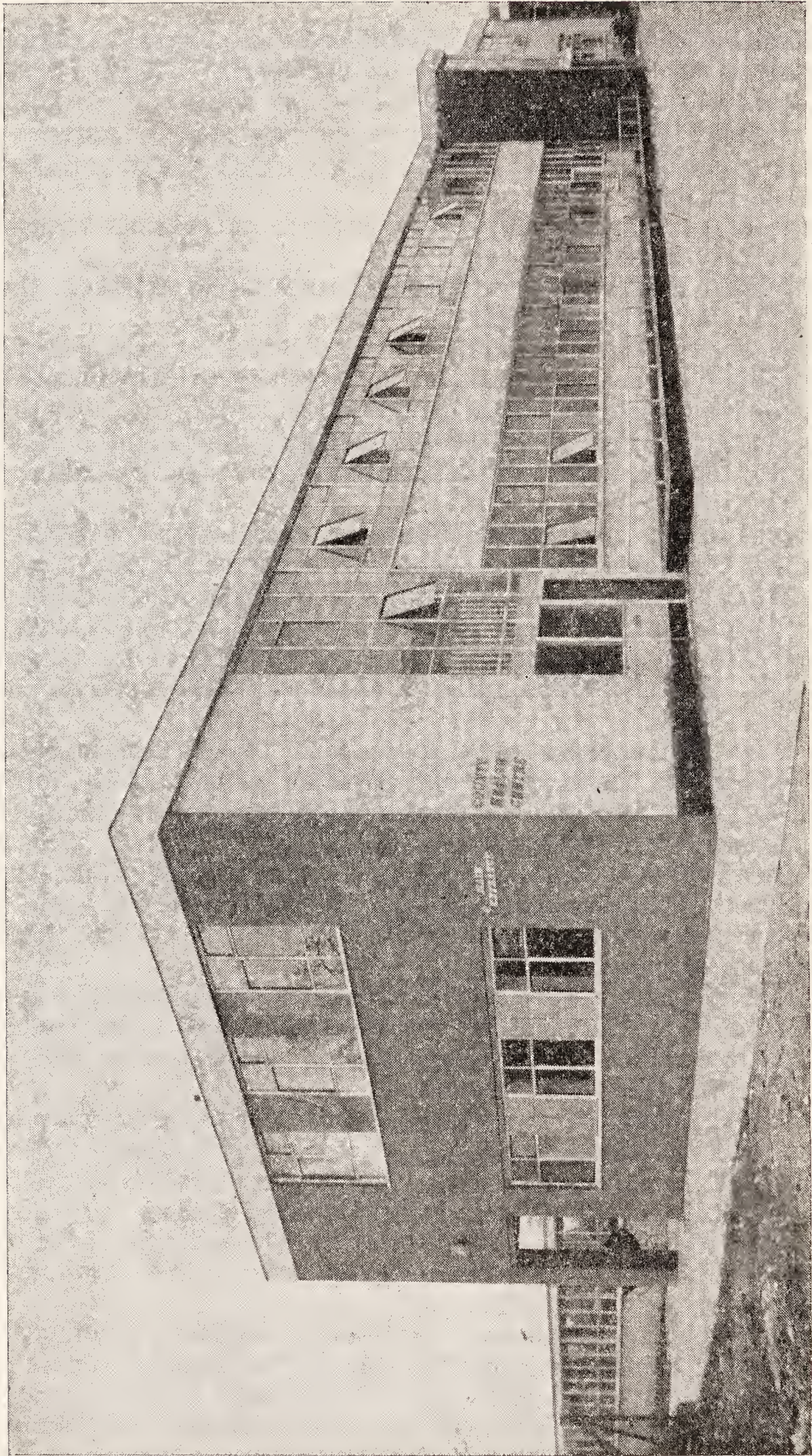
When a Health Annexe is built at the same time as a new school, loan sanction is granted by the Ministry of Education as part of the authority's major building programme and the Health Committee pays a rent for its use. On occasions, however, a Health Annexe is built in the grounds of an existing school and then loan sanction is granted by the Ministry of Health. A tribute must be paid to the tolerance shown by the Head Mistress of the Vesta Avenue School in putting up with the inconvenience of having the Welfare Centre held in an already overcrowded school.

Extensions to the Rye Park Health Centre at Hoddesdon were approved. These will not only provide facilities for the County Health Services but will also have separate rooms for the Physiotherapy Clinic run by the Hospital Management Committee.

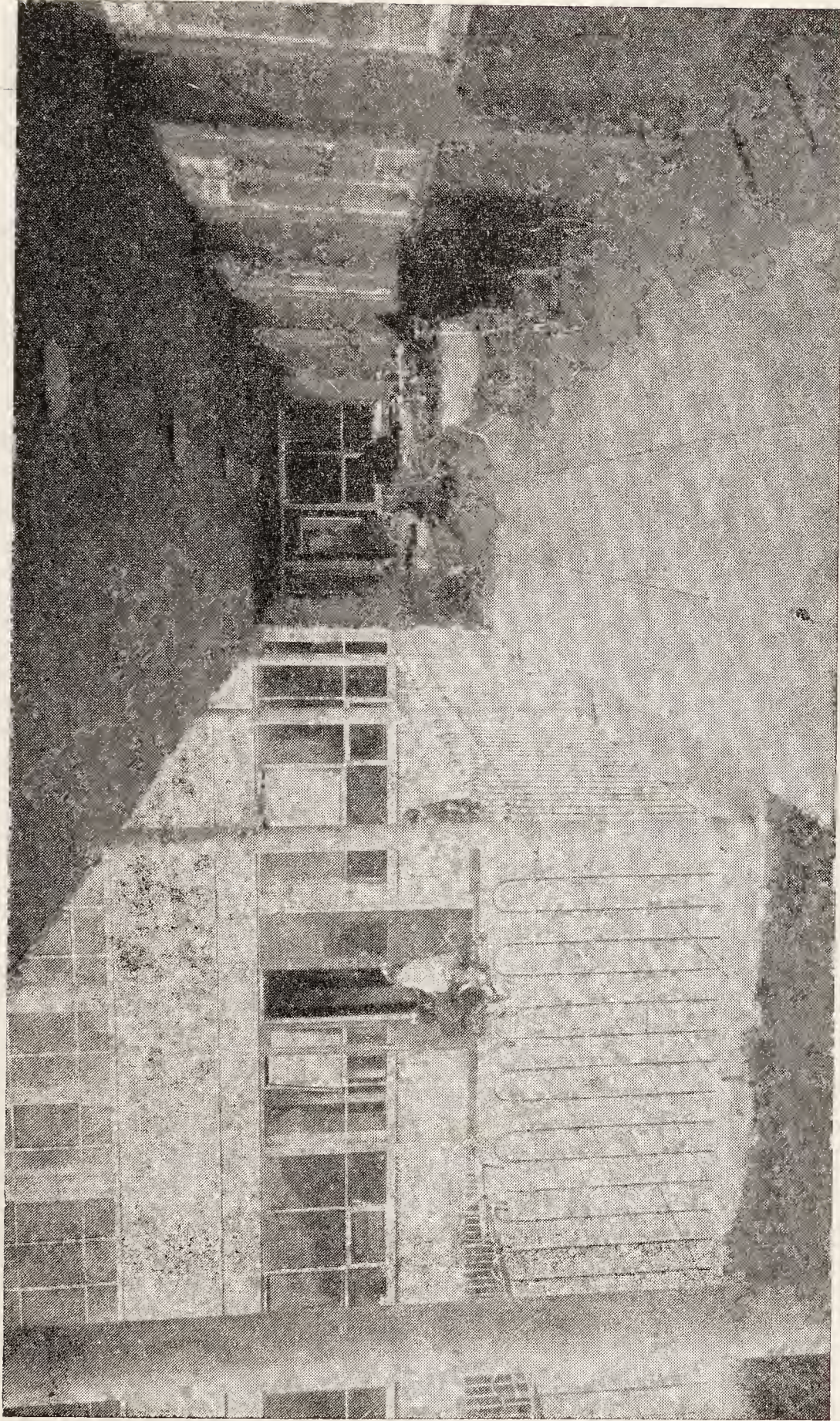
In the past the Health Committee have provided special premises for their services by attaching " Health Suites " to a variety of buildings, for example, Village Halls and Community Centres. Many years ago the suggestion was made that we might usefully be associated with a project to build a new Church Hall at Croxley Green, Rickmansworth. The building of the hall was begun in 1960 with the help of a capital grant from the County Council and it was completed in February, 1961.

The Trust which administered the Welwyn Memorial Hall, a wooden building built after the first world war and used for many years as a small Health Centre, not only handed it over to the County Council but also gave a sum of money to carry out some necessary improvements. This building will be used until the Health Suite is made available in a new Civic Building proposed for that town.

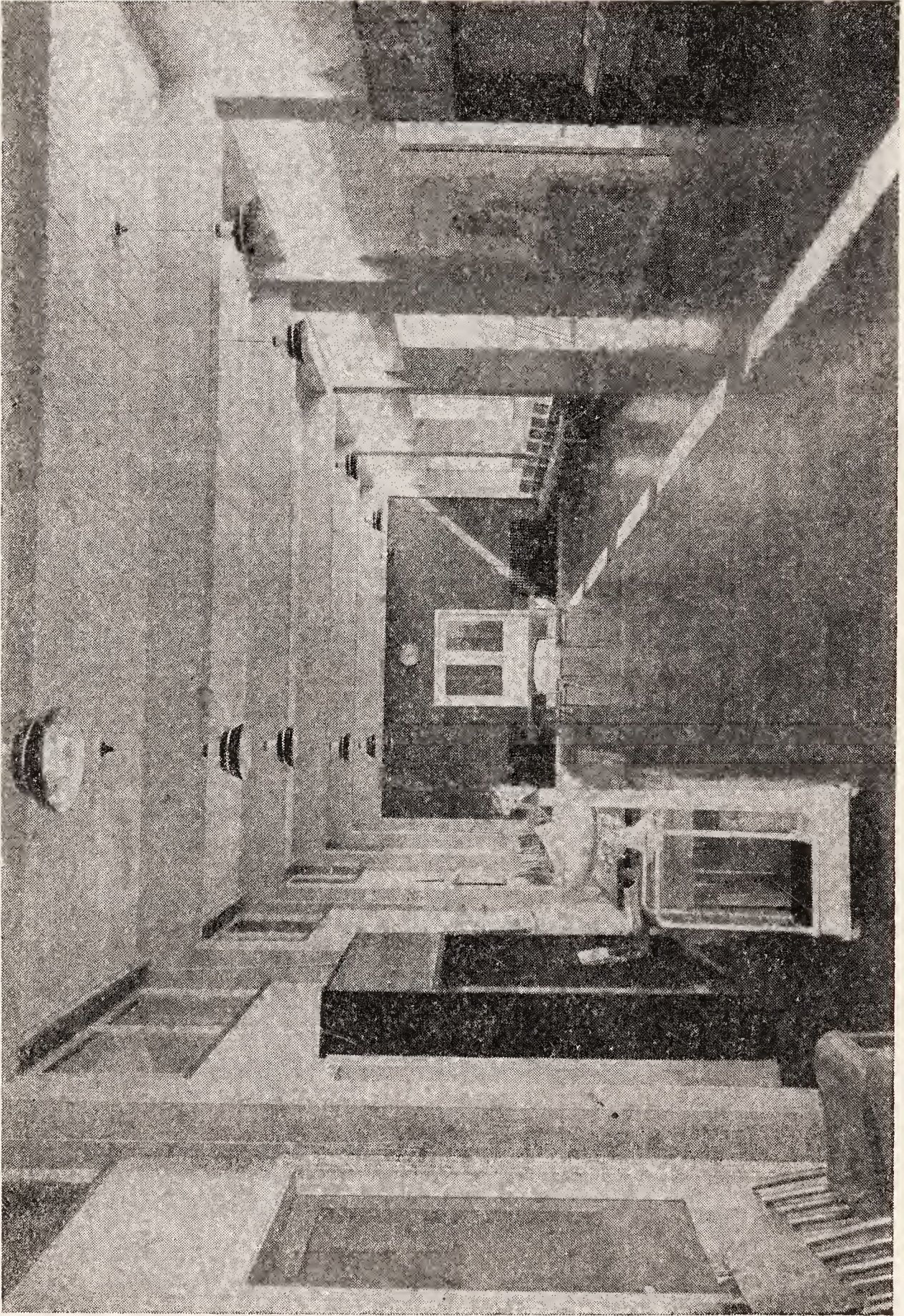
In 1949 it was forecast that forty-two Health Centres should be provided. Twenty are now in use, eleven are in course of being built, and plans for a further nine Centres have been approved or are programmed for the next two years. In addition, two Health Centres not included in the 1949 plan have been erected and a further five are programmed within the next two years.



EXTERIOR VIEW OF THE STEVENAGE HEALTH CENTRE



VIEW OF PRAM SHELTER SHOWING TODDLERS' PLAY SPACE



INTERIOR OF ASSEMBLY HALL

SECTION 22.—CARE OF MOTHERS AND YOUNG CHILDREN.

TABLE 15.
INFANT WELFARE CENTRE ATTENDANCES.

	No. of Centres	Sessions Held	Doctors' Attendances	No. of Children who Attended	Children's Attendances	
					Total	Average per Session
1957 . .	144	5,296	4,009	29,971	210,429	40
1958 . .	147	5,696	4,241	31,406	225,161	40
1959 . .	150	6,117	4,446	31,492	239,196	39
1960 . .	150	6,317	4,911	34,852	249,995	40
1961 . .	148	6,510	4,038	38,404	268,050	41

The Infant Welfare Centre continues to be one of the main provisions for the Maternal and Child Welfare Scheme of the County Council.

Progress with the Health Centre development plan is enabling better facilities to be made available at the Centres. The sessions held and the number of attendances can be seen in the table above. The totals continue to increase.

DAY NURSERIES.

The number of children on the registers of the Day Nurseries at the end of the year increased by twelve and this increase was mainly in Category 3 (children of deserted wives or husbands).

The number of Day Nursery places has changed little during the past few years but now that some of the premises are used for other Health purposes the time has come to review the number of approved places to make it more realistic. This has had the effect of reducing the Day Nursery places from 420 to 385.

In the eight Day Nurseries at the end of 1961 there were fifty-two Nursery Nurses employed and two vacancies existed. Some difficulty was experienced for the first time for some years in getting Nursery Nurses when vacancies arose. These Nurseries serve partly as a training field for nursery students and in 1961 thirteen were trained for which the Health Committee took financial responsibility. In addition, seven students were placed in the Nurseries from the Education Authority. All students who completed their training in the year passed the Nursery Nurse Examination Board examination. Some of the matrons of the Day Nurseries assist in the theoretical training of the students by lecturing on health subjects at the Colleges of Further Education.

The following table shows the numbers of children in the different categories who were on the registers on 31st December, 1961 :—

TABLE 16.

(1) Children of widows or widowers	22
(2) Children of unmarried mothers	73
(3) Children of deserted wives or husbands	132
(4) Children of parents in prison	5
(5) Children of parents suffering from chronic illness or disablement	12
(6) Children of parents suffering from temporary illness, mother's confinement, etc.	51
(7) Children recommended by Doctor or Health Visitor for temporary help	28
(8) Children of essential workers in social services	5
(9) Children living in bad housing conditions	8

336

These figures include part-time attenders.

TABLE 17.

	<i>No. of Approved Places at 31st December, 1961.</i>			<i>Average No. on Register.</i>		<i>Average Daily Attendances.</i>
	<i>0-2 years.</i>	<i>2-5 years.</i>	<i>Total.</i>	<i>0-2 years.</i>	<i>2-5 years.</i>	
Barnet, 53 Wood Street	15	40	55	11	30	38
Boreham Wood, Elstree Way	24	26	50	18	22	33
Bushey, London Road	30	50	80	13	36	38
Letchworth, 1 Norton Way North	20	20	40	6	19	21
St. Albans, Royal Road	20	20	40	17	28	35
Waltham Cross, 157 High Street	15	15	30	9	20	26
Watford, St. Albans Road (Beech- wood)	30	20	50	14	41	46
Welwyn Garden City, Woodhall Lane	20	20	40	11	29	31
	<hr/> 174	<hr/> 211	<hr/> 385	<hr/> 99	<hr/> 225	<hr/> 268

OPHTHALMIC CLINICS.

During the year, 212 children under five years of age attended the Ophthalmic Clinics for the first time. In addition, 401 attendances were made by children for re-examinations. Ophthalmologists prescribed spectacles for forty-eight children.

It is of the utmost importance that children in need of ophthalmic treatment should be seen as early as possible.

THE MATERNITY AND CHILD WELFARE DENTAL SERVICE, 1961.

Little change was noted in the Dental Officer strength of the Service when compared with the previous year. At the commencement of 1961, seven whole-time and twenty-six part-time officers were employed. By the end of that year, the figure had altered to seven whole-time and twenty-two part-time officers. The aggregate of sessions carried out by this lower number of part-time dentists was, however, slightly higher than those which were undertaken in the earlier part of the year. The comparatively small full-time officer strength remained fairly stable with one resignation and one new appointment, but the usual pattern of movement amongst the part-time officers continued as in former years. Ten part-time officers were appointed, whilst fourteen part-time staff resigned. Of the resignations, ten related to dentists who had joined the Service in previous years and the remainder were persons who had entered the Service within the year under review. All these changes produced a final equivalent of $15\frac{1}{2}$ full-time officers whose services were shared with the School Dental Service in clinics of joint use.

Three new Centres were opened during 1961. The new clinic at Bishop's Stortford which was brought into use early in the year enabled the Service for the first time to provide treatment for expectant and nursing mothers in this area. Previous to this, owing to the very limited surgery facilities available, it was only possible to offer treatment to pre-school children. Other new clinics were opened at Cheshunt and Abbots Langley and dental X-ray units were installed in the Bishop's Stortford and Cheshunt clinics. With these recent additions, there are now four County clinics at which X-ray facilities are available. As additional new Health Centres are brought into use, it is intended that these facilities will be extended to other main centres in the future.

The high-speed drill of the air-driven turbine type was introduced into the Service in 1959 when it was considered that this apparatus held distinct advantages over the conventional electrical drill, in the large majority of cases. During 1960, high-speed drills were purchased for those clinics which were manned on a full-time or substantially full-time basis, and a policy of extending

the use of this apparatus to additional clinics in subsequent years was adopted. Eleven of the thirty-four County Dental Clinics are now equipped with high-speed apparatus.

Section 43 of the Dentists Act, 1957, placed a duty on the General Dental Council at the instigation of the Privy Council, to carry out an experimental scheme for the training and employment of ancillary dental workers. An approach was therefore made to all Local Health Authorities by the County Councils Association with a view to the employment of this new class of dental worker. As a result of this approach, a decision to employ dental auxiliaries in the County Dental Service was taken by this Authority in 1958. Now that the training of dental auxiliaries is well advanced, arrangements were made this year with the General Dental Council for the employment of one of the first group of these new dental operators. It is hoped that this young woman will take up duties in a new double surgery clinic at Hatfield in the autumn of 1962 and be able to make a valuable contribution to the treatment of the pre-school children in the area. The regulations governing the type of work which dental auxiliaries are allowed to carry out permit them to undertake simple dental fillings, to scale and polish, to apply certain medicaments to the teeth, and to extract deciduous teeth under local infiltration anaesthesia. As their main aim in relation to pre-school children will be to conserve the deciduous dentition, it is expected that extractions will form only a very small part of their work.

Adequate safeguards for the patient are also contained in the regulations and these provide that a dental auxiliary must work under the direction of a registered dentist who has examined the patient and has indicated to the dental auxiliary the specific treatment she is to undertake for the patient.

The number of treatment sessions allocated to the Service has dropped slightly this year. The fewer number of sessions were reflected in the reduction of the figures relating to expectant and nursing mothers, but the overall inspection and treatment figures for pre-school children were maintained at approximately the same level as those of the previous year.

Special mention was made of pre-school children in the Ministry of Health Report for 1960 which has recently been published. The appropriate paragraph reads as follows :—

“ It is the melancholy fact that less than 5 per cent of children aged three and four years obtain dental care in local authority clinics each year and the number treated under the General Dental Service cannot account for all the remaining work which should be done.

This sad state of affairs can best be improved by the goodwill and co-operation of doctors and health visitors. Their influence is considerable, and if they would as a routine advise mothers that children should be seen by the dental surgeon at or about their third birthday and afterwards at regular intervals, much progress would be made.”

An estimate of the percentage of pre-school children who receive attention at the County Council's clinics in comparison with the national figure mentioned above showed that 8 per cent of the three- and four-year-old children were inspected. The large majority of these inspections were carried out at the dental clinics whilst the remainder were inspected at nursery schools. Of the 2,187 inspected, 1,588 needed treatment and 1,327 received treatment. The percentage of pre-school children who were actually treated at the clinics was therefore 5 per cent. Whilst the latter figure is much the same as the national average, any increase in the number treated can only come about by a concomitant improvement in the staffing position. There is little doubt that the demand for treatment from parents of these young children would rise considerably if we were in a position to encourage more actively their attendance at our clinics.

Particulars of the work carried out during the year are as follows :—

Expectant and Nursing Mothers.

Number of mothers examined	184
Number of mothers needing treatment	174
Number of mothers treated	158
Number of mothers made dentally fit	111
Number of attendances for treatment	527
Scaling and gum treatments	68
Fillings	275
Extractions	166
General anaesthetics	18
Dentures, full upper or lower	17
Dentures, partial upper or lower	28

Children, under 5.

Number of children examined	2,187
Number of children needing treatment	1,588
Number of children treated	1,327
Number of children made dentally fit	1,109
Number of attendances for treatment	3,215
Scaling and gum treatment	22
Fillings	1,940
Silver nitrate treatment	581
Extractions	1,273
General anaesthetics	641

The expansion of the service which is badly needed must depend entirely upon success in recruiting and retaining staff. It is a problem with which this Authority has been grappling for many years.

CARE OF THE UNMARRIED MOTHER.

The arrangements for this important part of the Health Committee's work under this Section of the Act continued to follow the pattern of previous years. The County Council makes an annual grant towards the cost of the Service carried out by the St. Albans Diocesan Moral Welfare Council who have officers in the different parts of Hertfordshire and the County Council themselves employ an experienced Almoner who deals not only with many cases herself but also places in Mother and Baby Homes, as the County Council financial responsibility, cases referred from the Moral Welfare Workers and from other sources unable otherwise to get accommodation during their pregnancy, confinement, and in the post-natal period.

It is not always possible to get girls into the Mother and Baby Homes which we usually use either because they are late in applying for help or because they are not of the type suitable for these Homes, and to cover this need we have an arrangement with the Diocesan Moral Welfare Council by which we can call on up to four beds in a Home which they maintain in Bedfordshire. The Home has been very fully used and has proved to have been a very valuable asset.

The following report of the Almoner gives details of her work.

The volume of work in connection with unmarried mothers and mothers of illegitimate children shows little variation from that of previous years. As press reports have shown, the problem does not decrease and in fact its incidence in the lower age groups appears to be on the increase. Girls to the age of seventeen are the responsibility of the Children's Officer, and the following figures relate only to those of seventeen years and over: 236 new cases were recorded of whom 141 were dealt with directly by the Almoner, the remainder being referred for financial help by the Diocesan Workers and the Crusade of Rescue. Of the 141, nineteen were married women, or divorced or widowed, 103 were single girls having their first babies, eleven having their

second, and eight having their third or subsequent child. While all were investigated as to the need for help, seventy-eight of the total needed active help of one sort or another but as the Committee is aware from previous years, more families are now prepared to accept an illegitimate child into the household without undue concern or difficulty and need little more than friendly advice as to the practical means of dealing with the problem, e.g. affiliation, Day Nursery, Day Minder, employment, etc. Fourteen West Indians were recorded but only two *needed* accommodation in Mother and Baby Homes. Four girls were returned to Ireland by arrangement with the Crusade of Rescue.

In all, twenty-four girls and women were accepted at the Home in Bedfordshire. In addition, twenty-seven girls were admitted to Diocesan and other Homes.

Seventy-three girls from former years kept in touch and received help and advice of various sorts. This work is very personal and demanding but at the same time it is gratifying to find that the girls think that it is worthwhile remaining in touch with the Almoner and that her personal relationships with them are such that they can confide in her.

CHILD DEVELOPMENT CLINIC.

Mrs. Baker, the Senior Psychiatric Social Worker of the Child Guidance Service, continues her very useful work at the Child Development Clinic at Welwyn Garden City.

The sessions continue to give valuable support to the Health Visitors in their educative work at the Child Welfare Clinics and we are fortunate to have the advice of such an experienced Psychiatric Social Worker who has always been so interested in this early preventative work.

The pattern of referral has remained constant for the past few years, the majority of mothers being referred by the Health Visitor, two or three from medical practitioners, and a small batch related to adjustments to nursery or primary school entrance.

Mrs. Baker's report reads :—

This year our relationship with the Maternity and Child Welfare Clinic—the source of most referrals—has been steadily maintained. A slightly higher number of new cases have been seen and discrimination has been used in the selection. As ever, parents seek help when their baby begins to clamour for independence. This year, however, it is gratifying to note that the number referred for antagonistic and aggressive behaviour has decreased, though still high in comparison with other difficulties which might warrant referral but are not so well understood.

Among the parents there seems to be a better appreciation of the general aim of the Child Development Clinic and mothers no longer are surprised that their anxieties are the chief concern at the interview, rather than direct concern about the symptoms of a particular child. Parents understand more about emotional growth and emotional retardation to-day and appear relieved when this aspect of their child's development is discussed with them. They more readily make the connection between their earlier relationships and those of the child and themselves to-day.

Five children have been seen from the Child Guidance Clinic. These had started school, or were about to, but patently were retarded emotionally and their personal relationships unsatisfactory. These children were not ready to learn or able to further their social relationships, since their prime need was to enjoy an earlier phase of emotional development more fully.

Parents are able to see more clearly than formerly the connection between emotional development and the ability to make use of school. The majority of the parents seen this year have been helped to reduce pressure and academic expectations—to become more content to let the child truly develop and eventually to make use of his endowment.

It has been found useful to see some fathers, at least once in the early stages of referral. Since the basis of the work of the Child Development Clinic is to adjust the relationship of the child and his mother, this contact with the father is not only helpful but often seems essential, not only for the purpose of assessment but to seek his active participation. More than ever, young parents enjoy their children and increasingly have a proper partnership in their upbringing.

The children seen have mostly been normal and robust. Indeed, their robust attitude to life has often put them in difficulties and disfavour with their families. There are others, however, whose symptoms denote more disturbance and insecurity, but a discriminating eye and experience is needed to assess this and suggest referral to a clinic. At some later stage it may be necessary to seek help at the Child Guidance Clinic with a view to therapy for the child directly, but preliminary contact and relationship with the mother can usefully be carried out in the Child Development Clinic.

In conclusion, I should like to thank my colleagues, particularly the Health Visitors, for their co-operation and help, especially in the educative side of our work.

Number of cases	.	.	Old	13
Number of cases	.	.	New	28
				<hr/>
				41
				<hr/>

Total number of interviews (including 12 after-care) . . . 255

PRESENTING SYMPTOMS.

Antagonistic and aggressive behaviour	.	.	12
Tempers	.	.	4
Timidity	.	.	3
Sleeping difficulties	.	.	5
Feeding difficulties	.	.	1
Enuresis	.	.	2
Bowel difficulties	.	.	2
Habit disorder (rocking, etc.)	.	.	2
Backwardness	.	.	4
Jealousy	.	.	1
Parental outlook faulty (poor relationship with mother—no particular symptom)	.	.	5
			<hr/>
			41
			<hr/>

SOURCE OF REFERRAL.

Health Visitors	.	.	32
General Practitioners	.	.	3
School Medical Officer	.	.	1
Child Guidance Clinic	.	.	5
			<hr/>
			41
			<hr/>

DISCHARGES.

Improved	.	.	8
Lapsed attendance	.	.	3
Refused follow-up	.	.	2
Transferred to Child Guidance	.	.	1
Referred back to Health Visitor	.	.	2
			<hr/>
			16
Current cases	.	.	25
			<hr/>
			41
			<hr/>

It had been hoped for many years that this type of help to the mothers and young children could be extended elsewhere in the County, and when a very experienced psychotherapist (Miss Gurney) was appointed in 1960 as an officer of both the Mid Herts Group Hospital Management Committee and of the County Council, she was asked to give as much time as possible to visiting the various Divisions and discussing with the Assistant County Medical Officers and Health Visitors any problems arising with the young children attending the Health Centres with which they felt she could help. This arrangement has proved most helpful, as her report for the year would show.

During the last year the work begun a few months previously amongst young married families with small children has developed considerably and I think in a hopeful and interesting way.

Originally it was suggested that I should meet the Health Visitors in each Division and discuss with them some of the psychological problems they met amongst the families they visited. Monthly meetings were arranged and quite a lot of ground was covered in this way. Inevitably some of the problems mentioned by the Health Visitors were such that I felt I could only help if I saw the mother and child concerned, so this was arranged and after I had discussed the mother's difficulties with her I then talked to the Health Visitor about it.

In some cases, in fact the majority, it has been possible to make suggestions re the management of these small children and the parents have been most co-operative in trying them out, especially as they have had the backing of the Health Visitor. This has meant that a number of symptoms such as nightmares, sleep walking, temper tantrums, stealing, enuresis, soiling, and so on, have been dealt with in the early stages and have been resolved.

Clearly, if they had been allowed to persist, a number of these children would have required clinic treatment later on. There have, of course, been some cases which obviously needed referring to a Child Guidance Clinic, cases where only direct treatment of the child was of any real avail—these children have been referred immediately through the usual channels.

However, this method of individual interviews with mothers is slow and it became increasingly clear that therapeutic groups might well be the answer, always bearing in mind that some parents would not fit into a group and would need to be seen separately. With this in mind, with the co-operation of the Health Visitors we planned groups of mothers. We discussed together the type of parent who would fit into a group and benefit from it—and the Health Visitors were left to collect between six and ten such mothers to form a group.

It has been found that such a group needs to meet monthly over a period of at least three to four months, with the Health Visitor concerned in attendance as well. One of the values of these groups is that in the guided discussion which takes place the mothers help each other a great deal and will often take from each other what they might find it difficult to accept from the psychotherapist.

About ten such groups have been and are being held in the County and everyone concerned seems to find them valuable.

Certainly a great many problems have been straightened out and some real preventive work has been done. Alongside this work—individual cases are being seen as well—there will always be some problems which need to be discussed privately and some parents who will not fit into a group. There seems to be a growing demand for this kind of help and it is hoped that more may be achieved along these lines in the future.

SALE OF WELFARE FOODS.

(i) *National Welfare Foods.*

The sale of welfare foods continued at Health Centres, at various halls, and at many shops throughout the County. Once again we must express our

appreciation of the immense amount of work both by the voluntary workers who attend at the I.W.C. centres or halls week after week throughout the year and by the shopkeepers who sell the foods in their place of business.

Table 18 shows the total issue of welfare foods during 1961.

TABLE 18.

	National Dried Milk, tins	Cod Liver Oil, bottles	Vitamin A and D Tablets, packets	Orange Juice, bottles
Issued to beneficiaries against coupons .	100,614	40,047	45,684	360,197
Issued to hospitals and day nurseries .	946	272	—	1,249
TOTALS .	101,560 (122,818)	40,319 (53,329)	45,684 (55,831)	361,446 (525,610)
Sales at 4s. (No vouchers.)	5,450 (3,587)			

1960 issues shown in brackets.

On 1st June the Government increased the price of orange juice from 5*d.* to 1*s.* 6*d.* per bottle. At the same time, too, charges were made for cod liver oil and A. and D. Tablets, 1*s.* a bottle and 6*d.* a packet respectively. The uptake of these commodities went down quite considerably and the total sold during the year as shown in the table was much smaller than in 1960.

Sales of National Dried Milk also declined, being 19,395 tins less than in 1960.

It should be remembered, however, that this County's population is rapidly expanding and but for this the drop in issues would probably have been even more marked.

The number of paid staff at the Centres has been reduced and some of the Centres closed where there were no longer sufficient issues made.

(ii) *Proprietary Foods.*

These proprietary foods have been sold at Welfare Centres throughout the County since before the war. The sales of these foods are carried out through local Voluntary Committees at the Welfare Centres.

Some developments arose during 1961 in connection with the sale of these foods at the Centres. In planning new Health Centres it was found necessary to provide separate accommodation to avoid difficulties which had arisen in the past when the different foods were being sold at the same time.

Furthermore, it was realized that a quite disproportionate amount of space was becoming necessary for the storage of these foods in the new Centres.

At a meeting earlier in the year, the paediatricians were of the opinion that the sale of these foods was not really a health matter and that the stocking of them should be stopped.

These developments were reported to the Committee. They felt, however, that it would be unwise to cease altogether the sales of proprietary foods but agreed that the range should be kept within reasonable bounds and that only those foods should be stocked and sold which were recommended by the doctor attending the sessions.

DOMICILIARY NURSING SERVICES.

Nursing Staff at 31st December, 1961.

	<i>Whole-time.</i>	<i>Part-time.</i>
Administrative and Supervising	12	—
Health Visiting and School Nursing	110	5
Health Visitor/School Nurse/Midwife/Home N.	30	—
Midwifery and Home Nursing	82	—
*Midwifery	29	—
Home Nursing	38	26
Tuberculosis visiting	10	—
Clinic Nurses	1	29
Student Home Nurses	7	—
*Pupil Midwives	47	—
Vacancies	20	—

* Includes eight full-time midwives and fourteen pupil midwives employed in the Watford area by the West Herts Hospital Management Committee as agents of the Local Health Authority.

Student Training.

As in years past, many students came into the County to gain practical experience with the administrative and other nursing staff. Some of these were from overseas taking a course of study in this country.

The Nursing Officers have also continued to give lectures to the General Nurse students at training hospitals in the County. In accordance with the General Nurses' Training Syllabus, these students have two to three days, practical experience each with the Nursing and Health Visiting staff.

Off Duty.

This subject has been much to the fore during the year. It has now been agreed that an endeavour should be made to improve conditions when possible in order to allow each Nurse/Midwife two days and three nights off duty weekly, in addition to the six-week holiday period which was granted by the Whitley Council in 1961, to become effective in January, 1962.

To meet this increase in off-duty time it has been necessary to increase the establishment of Nurses to a ratio of one Nurse/Midwife to 3,500 population. It was realized that this improvement must be a gradual process and could not be put fully into operation during 1961 or even in 1962.

SECTION 23.—MIDWIFERY.

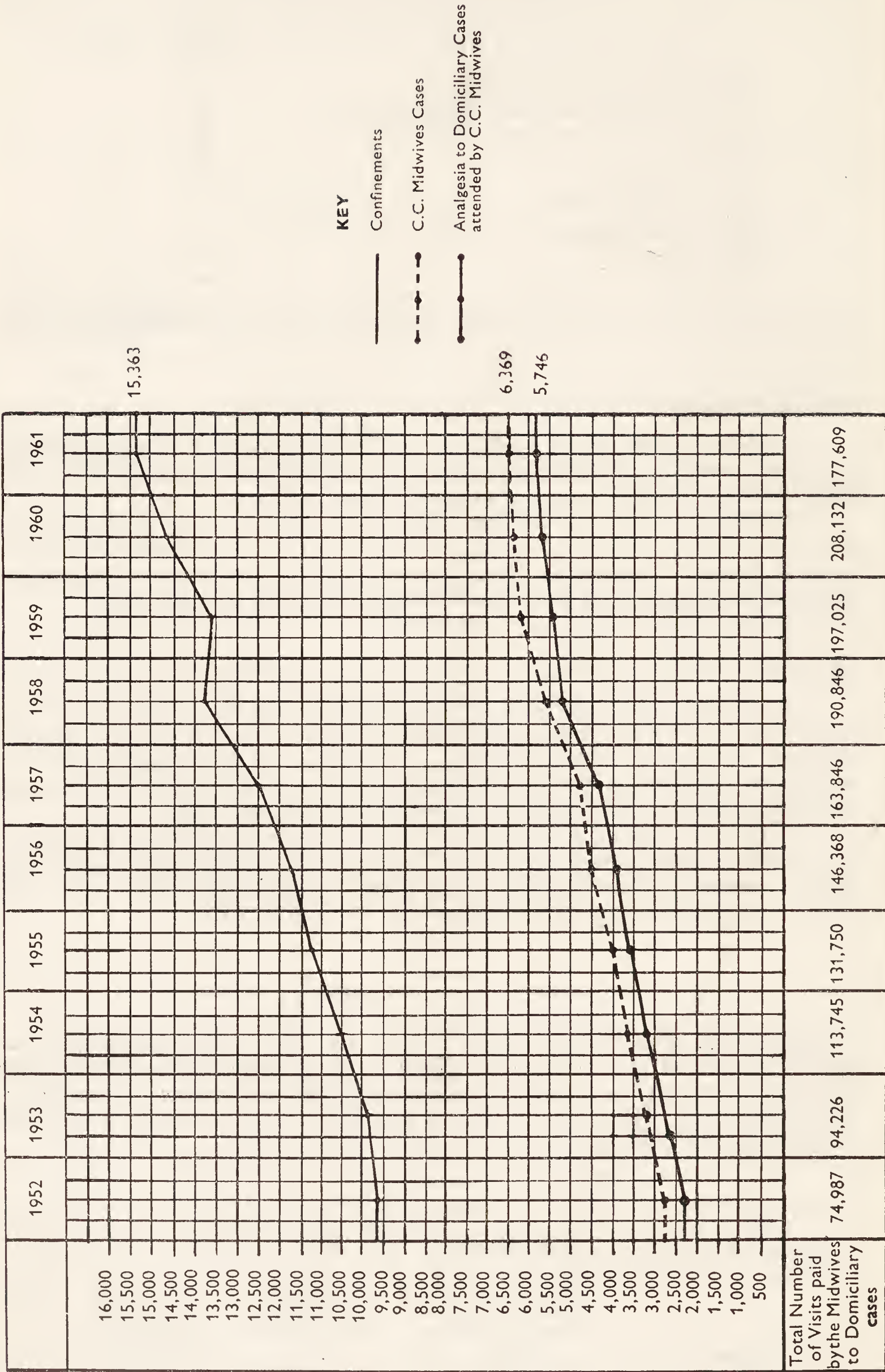
As will be seen from the table on page 30, the County Council midwives attended 6,369 of the total confinements in the County; 668 of these were dealt with through the Watford Domiciliary Midwives Service. In addition, thirty cases were attended by private midwives. All these figures relate to confinements attributable to Hertfordshire.

TABLE 19.

CASES DISCHARGED FROM HOSPITAL INTO DISTRICT MIDWIVES' CARE.

	<i>Hospital and Nursing Homes Confinements of Herts Mothers.</i>	<i>Early Discharges from Hospital.</i>	<i>Total visits by District Midwives.</i>
1957	7,934	2,553	10,707
1958	8,159	3,559	17,234
1959	7,799	3,541	18,337
1960	8,315	3,292	17,836
1961	8,623	1,764	10,122

TABLE 20. CONFINEMENTS OF HERTFORDSHIRE RESIDENTS



The number of confinements of Herts residents in the New Towns and other expanding areas, as listed below, accounts for 6,334 of the total of 15,363, or 41·3 per cent. Corresponding figures for home confinements are 2,861, 6,369, and 44·9 per cent.

The figures in the above table show an increase in confinements in hospitals and nursing homes, though there has been a marked decrease in early discharges. This decrease is due to the fact that in 1961 the new Central Midwives Board rule had its effect, the lying-in period having been reduced from fourteen days to ten days.

		1961	1961 % Domiciliary.	1960	1960 % Domiciliary.	1954 % Domiciliary.
<i>Boreham Wood and Elstree</i>	Total . . .	481		488		
	Domiciliary . . .	195	40·5	225	46·1	44·5
<i>Cheshunt U.D.</i>	Total . . .	665		694		
	Domiciliary . . .	296	44·5	295	42·5	45·5
<i>Hatfield</i>	Total . . .	484		449		
	Domiciliary . . .	198	42·5	159	35·4	26·0
<i>Hemel Hempstead</i>	Total . . .	1,201		182		
	Domiciliary . . .	548	45·6	579	49·0	38·3
<i>Stevenage</i>	Total . . .	1,096		1,131		
	Domiciliary . . .	686	61·0	683	60·4	51·2
<i>Watford and Oxhey</i>	Total . . .	1,659		1,518		
	Domiciliary . . .	652	39·9	593	39·0	35·9
<i>Welwyn Garden City</i>	Total . . .	748		757		
	Domiciliary . . .	286	38·2	307	40·6	26·0

Analgesia in Domiciliary Midwifery.

TABLE 21.
USE OF INHALATION ANALGESICS IN DOMICILIARY PRACTICE.

Number of domiciliary midwives, (a) practising in the area at end of year, (b) qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board (a) (b)		Number of domiciliary confinements attended by midwives :—		Number of sets of apparatus for the administration of inhalational analgesics in use at end of year		Number of cases in which inhalational analgesics were administered by midwives in domiciliary practice during the year :—			
		When doctor was present at time of delivery of child	When doctor was not present at time of delivery of child			When doctor was present at time of delivery of child		When doctor was not present at time of delivery of child	
						Gas and air	“Tri-lene”	Gas and air	“Tri-lene”
156	153	1,570	4,829	153	13	1,305	159	4,058	258

Dangerous Drugs Regulations, 1954.

The following table shows the percentage of patients who were given Pethidine during labour :—

	1954.	1955.	1956.	1957.	1958.	1959.	1960.	1961.
H.C.C. domiciliary midwives . . .	39·0	49·7	46·9	46·6	53·5	55·8	56·0	57·6
H.M.C. domiciliary midwives . . .	35·4	29·2	32·0	38·0	28·0	19·6	38·4	43·9
Private domiciliary midwives . . .	33·3	29·8	40·5	52·6	66·0	60·0	60·5	60·5

NOTE.—It will be seen by reference to Table 20 that out of 6,369 cases attended by H.C.C. domiciliary midwives 5,746 cases or 90·2 per cent were given analgesia in some form.

Refresher Courses.

In accordance with statutory regulations two Nursing Officers attended courses in London for Supervisors of Midwives. Courses were also held at various centres throughout the country for practising domiciliary midwives and twenty-four from this County attended.

Staff and Training of Pupil Midwives.

At the end of the year the number of domiciliary midwives employed was 141, representing the whole-time equivalent of 71·4 including eight full-time domiciliary midwives employed by the West Herts Group Hospital Management Committee as agents of the Local Health Authority. These figures show an increase over the preceding year of six more nurses undertaking midwifery duties or the equivalent of 5·4 full-time midwives. Of the total number, forty-nine are approved by the Central Midwives Board to act as teaching midwives. In collaboration with Bushey, Hitchin, West Herts, and Welwyn Garden City Maternity Hospitals which are Part II Midwifery Training Schools, 143 pupil midwives have had three months' domiciliary training with approved teaching midwives. This number of pupil midwives also includes forty-nine who were trained with the Watford Domiciliary Midwives.

Ante-natal Instruction.

Classes for ante-natal patients which the midwives hold, often with assistance from the Health Visitors, have continued to increase. There are now thirty-three classes operating. Some midwives have reported that there has been a reduction in the duration of labour as a result, especially at the birth of the first baby.

Ante-natal and Post-natal Clinics.

There are now only nineteen of these clinics; twelve are attended by Medical Officers of whom two are hospital consultants. Midwives attend in many areas at General Practitioners' ante-natal sessions. The number of visits by patients at these General Practitioners' sessions were :—

Ante-natal	.	.	.	13,998
Post-natal	.	.	.	1,367

Home Conditions—Reports of Hospitals.

At the request of hospitals, 989 reports on home conditions were made by midwives in respect of applications for hospital maternity beds. The extent to which various hospitals in the County call for these reports on request for beds on social grounds is shown in the following figures :—

<i>Division.</i>	<i>No. of reports.</i>	<i>Number of Herts mothers confined in hospital.</i>
Dacorum . . .	32	976
East . . .	314	1,288
North . . .	228	1,168
St. Albans . . .	52	1,342
South . . .	70	700
South-West . . .	290	1,574
Welwyn . . .	3	1,024
	<hr/> 989 <hr/>	<hr/> 8,072 <hr/>

Ophthalmia Neonatorum.

Five cases were notified during the year, two being home confinements. None of the children had vision impaired and all were considered to be satisfactory at the end of the year.

Ambulance Service—Emergency Childbirth.

The Ambulance Officer reports that during 1961 eight births took place in ambulances from the stations as listed :—

<i>Station.</i>					
Hertford .	.	.	.	.	1
Hatfield .	.	.	.	.	2
Stevenage .	.	.	.	.	1
Harpenden .	.	.	.	.	1
Garston .	.	.	.	.	1
Watford .	.	.	.	.	1
Boreham Wood .	.	.	.	.	1
Total .	.	.	.	.	<hr/>8 <hr/>

Ambulance men were present at six of the above without the presence of a doctor or midwife. No complications were encountered in any of these cases.

There were twelve deliveries in patients' own homes, before or after the arrival of an ambulance and are listed :—

<i>Station.</i>					
Welwyn Garden City .	.	.	.	.	2
Cheshunt .	.	.	.	.	1
Garston .	.	.	.	.	1
East Barnet .	.	.	.	.	1
Hertford .	.	.	.	.	1
Bishop's Stortford .	.	.	.	.	2
St. Albans .	.	.	.	.	2
Watford .	.	.	.	.	2
Total .	.	.	.	.	<hr/>12 <hr/>

Of these cases one was a premature birth and another was a twin delivery. Both occurred with ambulance men only at hand. Medical assistance was obtained although no complications were present. Help was obtained from doctors in five cases, the remainder by midwives either before or after the birth of these babies.

The ambulance brigade conveyed 3,620 maternity cases during 1961, which is 190 less than in the previous year.

SECTION 24.—HEALTH VISITING.

The number of staff employed on health visiting work, including ten tuberculosis visitors, was 150, representing 89·3 full-time Health Visitors. This figure of 150 shows an increase over the 1961 figure of seven (5·07 equivalent full-time). All Health Visitors are engaged on School Nursing work and in addition there are thirty Clinic Nurses employed to assist these officers. During the year, eleven Health Visitor students completed the Health Visitor's training under the County's grant scheme.

Health Visitors visited 46,366 households during the year and a total of 206,558 individual visits were made to children, expectant mothers, the aged, and others, including visits in connection with medical loan for the handicapped.

TABLE 22.

HEALTH VISITORS' ATTENDANCES AT CLINIC SESSIONS AND INSTRUCTIONAL CLASSES.

	1961.	1960.
Child Welfare Centres	9,211	9,298
Ante and Post Natal Clinics	327	305
Tuberculosis Clinics	34	5
B.C.G. vaccination sessions	136	161
Smallpox vaccination sessions	8	11
Diphtheria immunization sessions	207	202
Poliomyelitis vaccination sessions	578	521
Mothers' Clubs and instructional classes	792	515
Day Nursery medical inspections	35	53
	<hr/> 11,328 <hr/>	<hr/> 11,071 <hr/>

Attendances at meetings, case consultations, lectures, etc.

	1961.	1960.
Mental Health—case consultations	506	477
Problem families case discussions, lectures, H.V.'s meetings, etc.	1,632	1,148

A number of talks on educational health topics have been given during the year at mothers' clubs, schools, and to voluntary organizations. Discussion groups also commenced at some of the Child Welfare Centres. These activities are reported upon more fully under Health Education.

Refresher Courses.

Fifteen Health Visitors attended refresher courses in various parts of the country during the year.

Mental Health.

Two more groups of Health Visitors totalling forty-two in number attended during the year the lectures and discussions on mental health at Napsbury Hospital. This has meant that since the scheme started in 1958, a total of 125 Health Visitors and Nursing Officers have benefited from the guidance of Dr. Torrie in the first instance and later of Dr. Patterson and other medical and nursing staff at this hospital.

The arrangement whereby Health Visitors are assisted by Miss Gurney, part-time psychotherapist, has also continued. Health Visitors discuss some of their "families'" problems with Miss Gurney individually or in groups; group discussions take place, too, between the parents of small children with Miss Gurney and the Health Visitor present.

Health Visitors' Liaison with Hospital.

Since 1959 two Health Visitors have attended weekly at the diabetic clinic at the Peace Memorial Hospital, Watford, so that they can advise patients in their homes. The two Health Visitors who originally volunteered for this duty had initial instruction in the work at St. Thomas's Hospital, London. One of the Health Visitors left the area and at that time the value of this work was reassessed from the County's viewpoint. It was considered that, although there was some value to the small number of patients seen, it did not really justify two Health Visitors' time on a Saturday morning working at the hospital. Also it has been envisaged in the first instance that this work would become

more integrated with the service to the diabetics which was given by the District Nurses. The scheme therefore lapsed during the year.

Hospital After-Care.

The Ministry have asked for some information on any Health Visitor follow-up of cases discharged from hospital. There are no set schemes in the County for the automatic notification to the County staff of patients who have been discharged from hospital. However, many patients are referred. These referrals go direct from the hospitals either to the District Nurse or Health Visitors, the choice depending on the type of care that is necessary. In hospitals in Hemel Hempstead and Watford there is a weekly consultation between the Divisional Nursing Officer and the Hospital Almoners. The condition of any patients to be discharged is discussed and the patients then referred to the District Nurse or Health Visitor for follow-up and report. Recommendations at this time are also made for loans of special equipment. In the Hertford area there is the additional liaison in that the Health Visitors visit the elderly sick in their houses in order to assess priority for admission to hospital.

Children's Out-Patient Clinics at Hospitals.

At the West Herts Hospital, Hemel Hempstead, the Peace Memorial Hospital, Watford, and the Lister Hospital, Hitchin, Health Visitors attend the Consultant Paediatrician's out-patient clinic weekly on a rota basis. This is popular with the Health Visitors and is to the mutual advantage of both hospital and County staff.

In 1959, two selected Health Visitors were seconded to the two schools for the educationally sub-normal, Epping House and Boxmoor, to act as part-time liaison officers between the schools and the parents. The two Health Visitors were given considerable freedom in this work and the arrangements proved to be of great value to the headmasters, children, and parents. This new work was experimental in nature and ceased at the end of 1961.

Ante-natal Instruction.

By agreement with hospitals in the Dacorum and North Herts areas, Health Visitors hold ante-natal instruction classes for patients who are to be delivered in hospital. The figures for these classes have been included in the total number recorded under the same heading in the midwifery section of this report.

Health Visitors and General Practitioners.

Health Visitors have tended in the past few years to work more closely with General Practitioners. In one part of East Hertfordshire the Health Visitor for the area attends at the Child Welfare Centres held in the premises of a group practice. This has been running successfully now for a number of years. An extension of this liaison is to attach a Health Visitor to a group practice and it is expected that this arrangement will be put into operation as an experiment in several areas of the County during 1962.

Families Welfare Officer—Holiday Camp.

Some of the families that were taken by the Families Welfare Officer to the camp at Caister in the summer of 1961 were recommended by the Health Visitor for inclusion in the holiday. It was considered that it would be some advantage to the holiday participants and also to the Health Visitors if the Health Visitors could go as part of the staff and two Health Visitors volunteered to spend a week each at the camp. Both Health Visitors considered that the mothers and the children benefited in many ways. Many mothers had a better

understanding of their children’s needs, both their feeding and their general management. The older children learnt to take more pride in their personal appearance and even some of the enuretics had dry beds at the end of the period. The Health Visitors did not consider that a longer period than a week would have shown much greater improvement.

SECTION 25.—HOME NURSING.

At the end of the year, 176 nurses were employed on home nursing duties, representing an equivalent of 112·8 whole-time staff. Of the total number employed five were State Enrolled Nurses as opposed to State Registered Nurses.

Number of Staff Engaged.

	1960.	1961.
Whole-time staff engaged solely on home nursing	38	38
Part-time staff engaged solely on home nursing	26	26
Home nursing and midwifery	77	82
Home nursing midwifery, health visiting, and school nursing	32	30
	<hr/> 173	<hr/> 176

District Training.

During 1961, nineteen nurses completed the District Training Courses under a Hertfordshire scholarship and one nurse was trained by another county. Of the nineteen County students, seventeen were trained at the Training Home at Watford and two elsewhere. The total number trained shows an increase of four over the 1960 figure. District Nurse trainees were placed with nurses within the County for the period of three days each. Part of the training is for each student to have experience in a rural area. Some of these students were accepted from the London Training Centres. This was the first year that the shortened course of three and four months training started as compared with the former four months and six months. The length of training is dependent upon the qualifications of the nurse. On the whole the shortened training has been reasonably successful, although there is a period between each group of students which does make it a little difficult to cover the ordinary daily work.

TABLE 23.
HOME NURSING.

	1957	1958	1959	1960	1961
Total cases	15,497	14,960	14,032	12,881	12,691
Total visits	296,691	283,514	270,404	262,179	275,473
Analysis of visits (per cent to total)—	%	%	%	%	%
Medical	81·1	80·5	80·6	79·6	79·5
Surgical	13·29	14·4	15·4	16·5	20·5
Infectious disease	0·1	0·13	0·17	0·11	0·08
Tuberculosis	4·4	3·8	3·0	2·0	2·03
Maternal complications	0·3	0·27	0·25	0·2	0·2
Others	0·9	0·9	0·57	0·5	0·4
Visits to patients over 65 years of age	61·9	60·9	64·4	64·4	64·9
Visits to patients under 5 years of age	1·1	1·2	1·3	1·3	1·1

TABLE 24.
TYPE OF CASES AND VISITS PAID BY HOME NURSES.

	1961							1960
	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal complications	Others	Totals	Totals
Cases .	9,460	2,191	39	237	153	611	12,691	12,881
Visits .	219,191	46,346	232	7,613	798	1,293	275,473	262,179

Night Nursing.

This service started during the year with an authority to employ up to seven State Enrolled Nurses. These nurses care for the very sick patients at night and when not required will be employed to assist District Nurses by day. Recruitment to this service has been slow and it was not until August that the first nurse was appointed to the North Division. Another has since been appointed to St. Albans. Although the service has had a slow start the scheme has been very successful in the North Herts area and has been greatly appreciated by the patients' relatives and by the District Nurses. During the four months ended December, 1961, eleven patients had received night care and total of ninety-three nights were worked. Interest in this scheme has been shown by the inquiries received from bodies outside the County.

Refresher Courses.

Seven nurses attended refresher courses during the year.

Nursing Aids.

It has been found that District Nurses have become increasingly aware of the scope for helping the handicapped patients in their care. During the year, there has been a greater demand from them for gadgets, hoists, and wheelchairs. These and other articles greatly ease the nurse's work and also give the patients more comfort and added independence.

SECTION 26.—VACCINATION AND IMMUNIZATION.

TABLE 25.

	At Clinics	By Private Doctors	Total
<i>Smallpox Vaccinations—</i>			
Primary	5,400	6,579	11,979
Re-vacs.	31	1,506	1,537
	5,431	8,085	13,516
<i>Diphtheria Immunizations—</i>			
Primary	1,313	606	1,919
Boosters	5,575	2,274	7,849
	6,888	2,880	9,768
<i>Whooping Cough Immunizations—</i>			
Primary	920	200	1,120
Boosters	28	39	67
	948	239	1,187
<i>Combined Diphtheria/Whooping Cough/Tetanus Immunizations—</i>			
Primary	8,072	7,117	15,189
Boosters	1,038	2,811	3,849
	9,110	9,928	19,038

DIPHTHERIA IMMUNIZATION.

Year.	Number of Children who completed a Full Course of Primary Immunization.		Number given a Reinforcing Injection.
	Under 5 years of age.	Over 5 years of age.	
1952 . .	6,796	856	8,402
1953 . .	6,560	945	8,117
1954 . .	8,835	901	8,093
1955 . .	6,781	815	5,671
1956 . .	10,768	846	7,338
1957 . .	9,646	661	5,548
1958 . .	10,383	631	6,254
1959 . .	11,106	501	6,697
1960 . .	14,467	830	9,427
1961 . .	15,197	1,911	11,698

TABLE 26.

SMALLPOX VACCINATIONS.

Year	Vaccinations			No. of Live births during year	Vaccinations under one year of age	Percentage vaccinated under one year of age
	Primary	Revaccinations	Total			
1950	4,562	1,128	6,299	9,085	3,434	37·8
1951	5,728	3,004	8,732	9,225	3,924	42·5
1952	5,204	1,772	6,976	9,341	3,979	42·6
1953	5,275	1,323	6,598	9,811	4,330	44·2
1954	5,992	855	6,847	10,424	4,827	46·3
1955	6,103	825	6,928	10,874	5,163	47·5
1956	7,371	1,023	8,394	11,792	6,316	53·6
1957	9,558	1,760	11,318	12,538	7,284	58·1
1958	9,781	1,116	10,897	13,618	8,492	62·4
1959	10,281	1,098	11,379	13,850	8,914	64·4
1960	10,518	1,333	11,851	14,614	8,827	60·4
1961	11,979	1,537	13,516		8,825	

TABLE 27.

POLIOMYELITIS—CASES AND DEATHS.

Year	Population	Confirmed cases		Deaths
		Number	Rate per 1,000 population	
1947 . .	570,719	118	0·21	14*
1948 . .	587,800	23	0·05	5*
1949 . .	596,010	116	0·19	19*
1950 . .	606,640	77	0·13	10
1951 . .	618,700	19	0·03	—
1952 . .	633,700	74	0·12	4
1953 . .	651,500	57	0·09	5
1954 . .	671,700	25	0·04	4
1955 . .	692,000	130	0·19	4
1956 . .	715,000	42	0·06	1
1957 . .	739,800	149	0·20	10
1958 . .	761,200	20	0·03	—
1959 . .	784,000	23	0·03	3
1960 . .	806,040	3	0·003	—
1961 . .	836,960	—	—	—

* For the years 1947–49 the number comprises deaths from Poliomyelitis and Polio-Encephalitis.

TABLE 28.

POLIOMYELITIS VACCINATIONS—DIVISIONAL FIGURES.

Poliomyelitis vaccination Two injections given	Divisions. May, 1956, to 31st December, 1961							County Total at 31.12.1961	County Total at 31.12.1960
	Dacorum	East	South	North	St. Albans	S. West	Welwyn		
Children born in the years 1943–1961 .	26,511	33,032	14,975	33,323	36,392	43,373	22,756	210,362	190,802
Young persons born in the years 1933–1942	6,568	9,227	4,117	9,023	7,180	12,811	9,068	57,994	53,389
Persons born before 1933 and who have not passed their 40th birthday	7,314	7,996	3,445	8,762	6,574	10,506	6,040	50,637	33,919
Expectant mothers up to 31.12.1959 only .	296	1,084	610	468	389	453	100	3,400	2,448
Special groups and others over 40—or age not known	2,073	1,834	710	1,091	1,139	1,992	1,019	9,858	9,858
Total	42,752	53,173	23,857	52,667	51,674	69,135	38,983	332,241	290,416
Number of persons given three injections (all groups), September, 1958, to 31st December, 1961	37,111	47,382	19,902	46,151	40,412	59,374	33,729	284,041	232,182
Number of persons given four injections (age 5–11 years inclusive), 1st April, 1961, to 31st December, 1961,	8,830	8,923	4,044	10,393	7,743	13,157	6,774	59,864	—

The above figures do not show all vaccinations done at hospitals as they draw bulk supplies of vaccine for their own staff and families, but they have the option of attending through the County scheme at Clinics or general practitioners' surgeries.

TABLE 29.
POLIOMYELITIS VACCINATIONS.

				Number vaccinated :		
				By L.H.A.	By G.Ps.	Total.
<i>Initial vaccination of two injections.</i>						
April, 1956, to December, 1960	.	.	.	196,284	94,132	290,416
Year, 1961	.	.	.	15,929	25,896	41,825
Total, April, 1956, to December, 1961	.	.	.	<u>212,213</u>	<u>120,028</u>	<u>332,241</u>
<i>Third injection.</i>						
September, 1958, to December, 1960	.	.	.	159,948	72,234	232,182
Year, 1961	.	.	.	25,383	26,476	51,859
Total, September, 1958, to December, 1961	.	.	.	<u>185,331</u>	<u>98,710</u>	<u>284,041</u>
<i>Fourth injection.</i>						
Total, April, 1961, to December, 1961	.	.	.	<u>49,817</u>	<u>10,047</u>	<u>59,864</u>

Smallpox.

Much has been said and written in recent months on compulsory vaccination against smallpox. It is of interest therefore to compare the figures for 1961 with those for 1947, the last year for compulsory vaccination in this country. In 1961, there were 8,825 primary vaccinations of children under one year of age when the total live births were 15,030—an acceptance figure of 59 per cent. In 1947, there were 3,405 vaccinations when the total live births were 11,065—an acceptance figure of 31 per cent.

Diphtheria/Whooping Cough/Tetanus.

The full effect is now being felt of the decision to use multiple antigens to protect children against diphtheria, whooping cough and tetanus. It is heartening to record that over 15,000 children completed a full course of protection during 1961 and a further 11,765 received reinforcing injections.

Poliomyelitis.

Each year since 1956, there has been an extension or variation in the scheme to vaccinate people against poliomyelitis and the year 1961 was no exception. In April, the Joint Committee on Poliomyelitis Vaccination advised the Minister of Health that fourth injections should be given to children aged 5–11 years of age inclusive, in view of the markedly greater risk of infection to which children in school are exposed. Fourth doses were to be given not earlier than one year after the third dose, but as soon as possible thereafter.

Special school and clinic sessions were arranged and as there were some 90,000 children eligible for this extra injection, it meant considerable effort on the part of medical, nursing, and clerical staff to get the work done. The Head teachers were most co-operative and understanding. Largely because of this, the acceptance rate was high and nearly 60,000 children were given these extra doses. The opportunity was taken of making a further attempt to get totally unvaccinated children done. The figures would have been higher but for the shortage of vaccine after July which virtually meant that no further fourth injections could be given.

Attention should be drawn to the valuable work done by the General Practitioners in giving these injections. Since 1956, nearly 350,000 injections have been given by General Practitioners in vaccinations against poliomyelitis.

SECTION 27.—AMBULANCE SERVICE

There has been a slight decrease in the total demands on the Ambulance Service as compared with last year and, whilst this is encouraging, it is not possible at this stage to draw any definite conclusions as to whether the trend will continue.

It will be noted in Table 31 that although there has only been a slight increase in the number of patients conveyed by the directly provided service, there has been a substantial increase in the mileage undertaken. This increase is considered to be due mainly to the following reasons: (a) Owing to the traffic and parking problems in London, Hospital Car Service drivers are becoming increasingly reluctant to convey patients to hospitals and clinics in the London area and it has therefore been necessary in these cases for the work to be absorbed by the directly provided service. (b) Because of the increasing traffic congestion encountered in urban areas of the County, it has been found that where formerly one sitting case vehicle could be used to capacity to convey out-patients from surrounding areas to the local hospital or clinic for treatment, it is now often necessary to provide two vehicles to convey a similar number of patients to ensure that they arrive on time for their appointments. The same arrangements often have to be made in respect of the patients' return journeys so as to obviate what would otherwise be for many of them a long and tedious journey home.

The graph on page 43 shows the trend in the demands on the Service during the past five years.

There has been a substantial increase in the number of emergency cases. Of these, accident cases have increased by 575, sudden illness cases have increased by 180, whilst maternity cases have decreased by 190. (Table 30 shows the number of emergency cases during the past ten years.) Details of patients conveyed each month during 1960 and 1961 are shown in Table .

TABLE 30.

	1952.	1953.	1954.	1955.	1956.	1957.	1958.	1959.	1960.	1961.
Accidents . .	4,236	4,574	4,855	5,448	5,659	6,232	6,760	6,988	6,840	7,415
Sudden Illness . .	2,387	1,930	1,659	1,766	1,795	2,150	1,915	1,916	1,995	2,175
Maternity . .	3,784	3,654	3,788	3,915	3,820	4,029	3,893	3,567	3,810	3,620
Total . .	10,407	10,158	10,302	11,129	11,274	12,411	12,568	12,471	12,645	13,210

During 1960 the number of patients carried by the directly provided service showed an increase of 4.48 per cent over the previous year and an increase in mileage of 4.40 per cent. In 1961 the number of patients carried shows an increase of .04 per cent with an increase in mileage of 4.40 per cent.

The following table shows the number of patients carried and the mileage involved in respect of the directly provided service, Hospital Car Service and isolation ambulances for the years 1960 and 1961 (Table 31).

TABLE 31.

	1960	1961	Increase or Decrease	
<i>Patients.</i>				
Directly Provided Service . . .	250,507	250,616	Increase	109
Hospital Car Service . . .	25,248	23,865	Decrease	1,383
Isolation Ambulances . . .	638	719	Increase	81
<i>Mileage.</i>				
Directly Provided Service . . .	1,559,146	1,627,673	Increase	68,527
Hospital Car Service . . .	453,660	435,280	Decrease	18,380
Isolation Ambulances . . .	2,608	3,155	Increase	547

The directly provided service shows an increase in the average number of miles per patient from 6.22 to 6.49 and a decrease in the average number of patients per journey from 3.85 to 3.80.

TABLE 32.

DETAILS OF PATIENTS CONVEYED EACH MONTH.

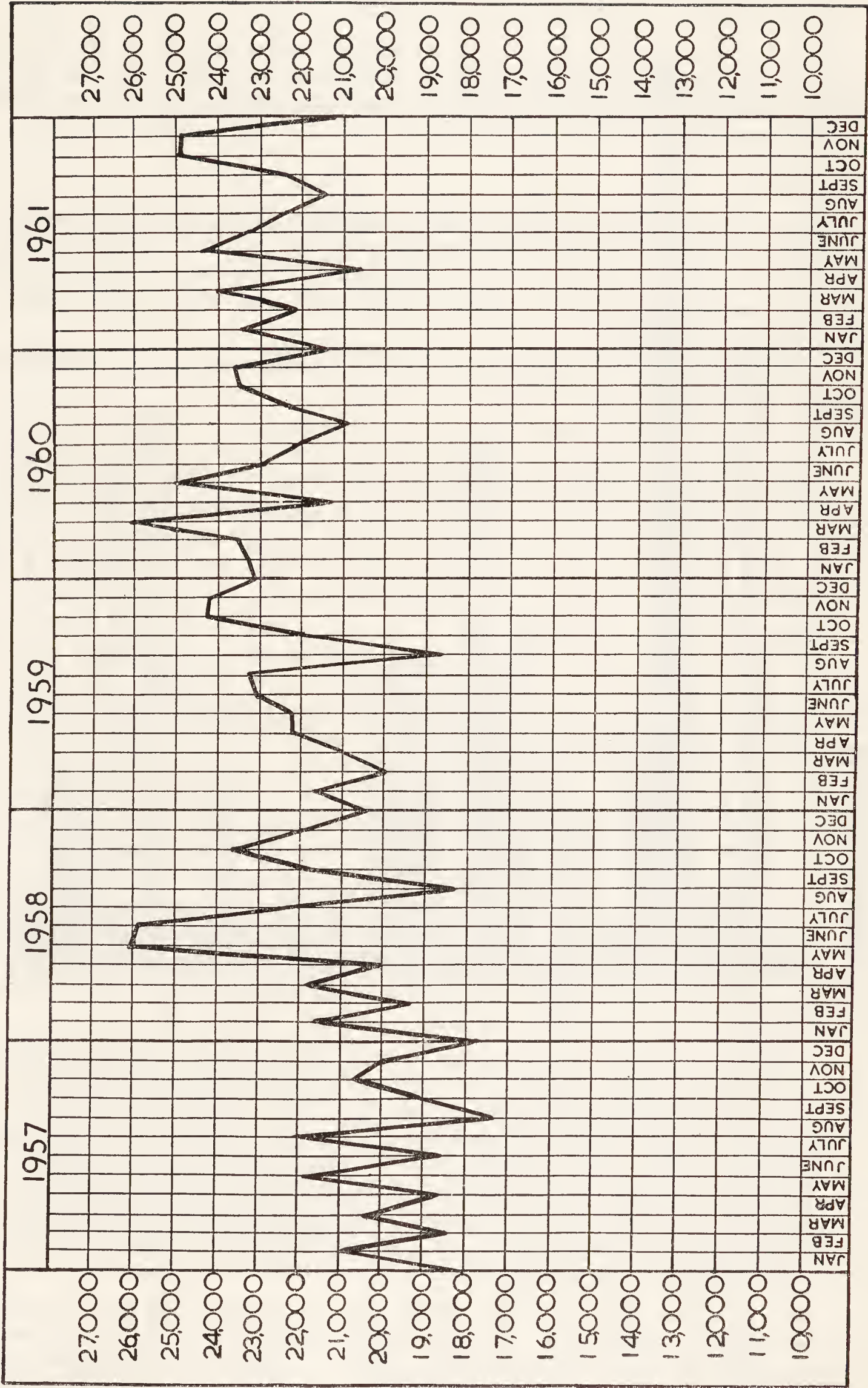
1960.

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Accidents	461	464	479	529	643	656	618	582	623	609	585	591	6,840
Sudden Illness	150	154	171	161	164	154	160	167	158	177	177	202	1,995
Maternity Removals	365	318	338	369	320	266	314	317	303	292	273	335	3,810
Removals	20,373	20,504	22,704	18,282	21,423	19,538	18,906	17,980	19,226	20,280	20,307	18,339	237,862
Hospital Car Service	1,881	2,077	2,386	1,965	2,504	2,243	2,050	1,885	2,052	2,083	2,254	1,868	25,248
Isolation Hospital (Removals)	36	43	51	49	45	52	60	60	55	45	70	72	638
Totals	23,266	23,560	26,129	21,355	25,099	22,909	22,108	20,991	22,417	23,486	23,666	21,407	276,393

1961.

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Accidents	490	468	570	619	647	619	658	653	749	653	573	716	7,415
Sudden Illness	154	162	188	176	172	188	194	201	182	169	175	214	2,175
Maternity Removals	295	308	350	296	313	270	299	308	275	305	290	311	3,620
Removals	20,183	18,936	20,721	17,731	20,988	20,277	19,241	18,334	19,308	21,747	21,659	18,281	237,406
Hospital Car Service	2,285	2,157	2,109	1,805	2,304	1,955	1,901	1,909	1,791	1,975	2,133	1,541	23,865
Isolation Hospital (Removals)	76	63	91	73	63	62	56	37	53	52	40	53	719
Totals	23,483	22,094	24,029	20,700	24,487	23,371	22,349	21,442	22,358	24,901	24,870	21,116	275,200

AMBULANCE CALLS SINCE 1957



SECTION 23.—PREVENTION OF ILLNESS, CARE, AND AFTER-CARE.

The care and after-care of the tuberculous will continue to be the main subject to be considered in this Section. It is more convenient to deal with its extension to the mentally disordered later when reporting on the Mental Health Services.

Tuberculosis.

The number of cases notified during the year (Table 34) still showed the downward trend of the past few years in spite of the steadily increasing population and it is of interest to record that 556 cases were notified in 1951 when the population of the County was 618,700 and 352 in 1961 when the population was 836,960.

The difference in the death rates for these two years ($\cdot 3$ to $\cdot 05$ per 1,000 population) is even more marked.

As, however, will be seen from the reports of the Chest Physicians, there is still a need for unceasing vigilance in the detection of cases and for the protection of all who may be associated with them. Happily the therapeutic methods now available do aid considerably in limiting the spread of infection but it is of particular importance that all who have contact with children should bear in mind the possible significance of signs and symptoms of chest ailments.

Additions to the registers come from two sources: (1) new notifications of new cases diagnosed in the County, and (2) known cases coming to live in this County. Among the thousands who enter and swell the population of Hertfordshire year by year are some already suffering from pulmonary tuberculosis. These persons are transferred from out-County clinics to the care of the Chest Physicians in the County, and Table shows their distribution. Apart from Letchworth, where the Ministry of Labour Training Centre is the reason for the high number, the greatest proportion of these "transfers in" come into the New Towns of Stevenage and Hemel Hempstead.

The reports of the Chest Physicians give particulars of the work of their clinics and these extracts in conjunction with the comments of the Social Workers which follow show very clearly that though the course of this disease may be shortened by drug treatment, much still has to be done to help the patient and the family. The details of the work of the Social Workers are only given for one area as the others follow a similar pattern.

Difficulties have been mentioned in previous reports of obtaining qualified Almoners for the Chest Clinic work. It was gratifying to record that in 1961 the North-West Metropolitan Regional Hospital Board agreed that any services for tuberculous patients requiring the attention of a qualified Almoner should, as for other patients, be provided by the Hospital Almoning Service. The Board, however, appreciated that the special knowledge and the interest of the T.B. Visitors appointed by the Local Health Authority should continue to be available and that the services of the Hospital Almoner would be reserved for the more difficult social problems.

During these past few years another lung complaint, lung cancer, has been more frequently mentioned. Whatever its actual cause, and many have been postulated, there seems little doubt but that an irritant in tobacco smoke plays an important if not the most important part. At the time of writing this report, circulars have been received from the Ministries of Health and Education which adjure Local Authorities and their staffs to take cognizance of this relationship and by all means possible bring this fact home, particularly to the younger members of the population.

TABLE 33.—TUBERCULOSIS, 1961.

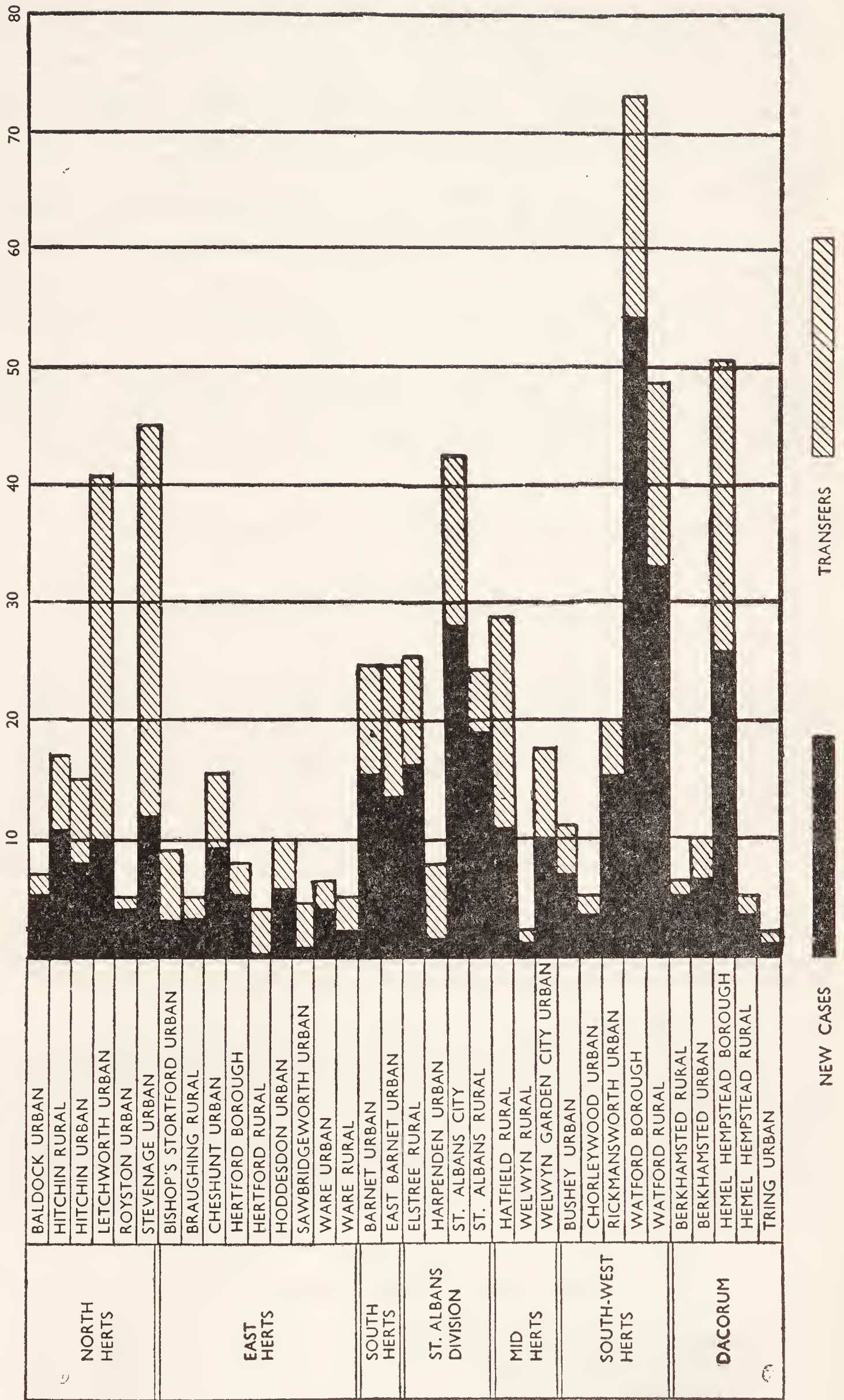


TABLE 34.

NOTIFICATIONS OF PULMONARY AND NON-PULMONARY TUBERCULOSIS.

	1959				1960				1961			
	No. of cases notified			Attack rate per 1,000	No. of cases notified			Attack rate per 1,000	No. of cases notified			Attack rate per 1,000
	M	F	Total		M	F	Total		M	F	Total	
<i>Pulmonary.</i>												
Urban . . .	166	97	263	0·6	141	82	223	0·4	153	64	217	0·37
Rural . . .	66	38	104	0·44	51	42	93	0·38	57	32	89	0·36
County . . .	232	135	367	0·47	192	124	316	0·39	210	96	306	0·37
<i>Non-Pulmonary.</i>												
Urban . . .	9	17	26	0·05	15	24	39	0·07	15	15	30	0·05
Rural . . .	2	5	7	0·03	5	15	20	0·08	6	10	16	0·06
County . . .	11	22	33	0·04	20	39	59	0·07	21	25	46	0·05
<i>Pulmonary and Non-Pulmonary.</i>												
Urban . . .	175	114	289	0·65	156	106	262	0·47	168	79	247	0·42
Rural . . .	68	43	111	0·47	56	57	113	0·46	63	42	105	0·42
County . . .	243	157	400	0·51	212	163	375	0·47	231	121	352	0·42

DR. A. G. HOUNSLOW, SOUTH DIVISION AND ELSTREE RURAL.

TABLE 35.

GENERAL COMPARATIVE STATISTICS, 1952-1961.

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
New patients (consultations) .	792	844	726	610	623	639	550	441	380	473
Old patient attendances .	2,464	3,170	3,218	3,909	4,256	4,330	4,078	4,193	4,003	4,160
New contacts . . .	325	348	353	376	385	294	264	248	432	367
Old contact attendances .	585	898	947	1,261	1,416	1,262	1,143	969	1,151	1,150
Refills . . .	7,830	8,813	7,823	6,270	3,827	2,013	684	86	13	—
X-rays only . . .	—	—	3,660	4,520	5,329	5,261	5,193	4,681	4,771	4,895
New dental patients . . .	—	—	—	52	76	56	38	15	13	12
Old dental attendances .	—	—	—	183	336	223	186	236	224	272
	11,996	14,073	16,727	17,181	16,248	14,078	12,136	10,869	10,987	11,329

Notes on Table 35.

The overall pattern of work remained very much as in 1960, with a slight increase in the number of attendances. It is interesting to compare the distribution of attendances with those in 1952, a year in which the total number was very similar. The large number of refills in that year is now replaced by patients attending X-ray only and dental sessions, and by the large number of old patients and contacts remaining under supervision. Other observations arising from these figures will be seen later in the report where a more detailed analysis of the work is made.

New Tuberculosis Notifications.

The number of new patients added to the Tuberculosis Register during the year dropped to fifty-one, thus continuing the steady decline noted since 1949 in which year there were ninety-six new notifications. When the figures are examined more closely, however, it will be observed that the drop in 1961 is due almost entirely to fewer new cases diagnosed at Shenley Mental Hospital and that the amount of "new" tuberculosis in the area has changed very little.

TABLE 36.

NEW TUBERCULOSIS NOTIFICATIONS.

	1961.	1960.	1959.	1958.
In-patients, Shenley Mental Hospital . . .	1	10	13	5
Relapsed "recovered" cases . . .	5	6	5	5
Follow-up of known lesions . . .	3	5	10	7
"New" cases . . .	42	44	36	55
	—	—	—	—
	51	65	64	72
	—	—	—	—

None of the relapsed “ recovered ” cases had ever received anti-tuberculous chemotherapy ; three had previously been notified by reason of pleural effusion, in 1944, 1948, and 1949 respectively. The active lesions necessitating renotification had thus become manifest after intervals of thirteen, fourteen, and eighteen years. The fourth patient developed a very small focus after twelve years’ quiescence, while the fifth was an “ administrative ” renotification of patient “ recovered ” in another area, but with a long-standing history of disseminated tuberculosis. It is probable, therefore, that for some time to come there will continue to be a small number of such renotifications for relapse, particularly in patients not hitherto treated by adequate chemotherapy.

TABLE 37.
NEW TUBERCULOSIS NOTIFICATIONS, 1961—AGE AND SEX DISTRIBUTION.

Age Group (years)	Respiratory		Non- respiratory		All Forms			Previous Years		
	M	F	M	F	M	F	Total	1960	1959	1958
0- 4 . .	—	—	—	—	—	—	—	1	1	1
5- 9 . .	—	—	—	1	—	1	1	7	7	4
10-14 . .	—	—	—	—	—	—	—	2	2	1
15-19 . .	—	—	—	—	—	—	—	5	4	4
20-24 . .	1	4	—	1	1	5	6	3	6	8
25-29 . .	1	2	—	2	1	4	5	2	4	4
30-34 . .	—	1	1	—	1	1	2	6	6	8
35-39 . .	4	1	—	1	4	2	6	9	8	8
40-44 . .	4	1	—	—	4	1	5	6	5	11
45-49 . .	2	—	—	1	2	1	3	8	3	5
50-54 . .	4	1	—	1	4	2	6	6	1	7
55-59 . .	4	—	—	1	4	1	5	3	5	3
60-64 . .	4	2	—	—	4	2	6	3	4	1
65 + . .	2	2	1	1	3	3	6	4	8	7
	26	14	2	9	28	23	51	65	64	72

The gratifying feature of this table is the virtual disappearance of new childhood and adolescent notifications.

B.C.G. Vaccination.

757 persons were vaccinated, as follows :—

<i>Hertfordshire County Council Approved Arrangements.</i>	
Contact Scheme (Circular 72/4a)	88
School Children Scheme (Circulars 22/53 and 7/5a)	608
Older School Children Scheme (Circular 7/5a) . .	—
Further Education Students (Circular 7/5a) . . .	2
	<hr/> 698
<i>B.C.G. in Schools Scheme. (Total tested, 632.)</i>	
Tuberculin Positive—	
Already known to Clinic	2
Previous B.C.G.	4
Calcified focus	1
X-ray normal.	16
	<hr/> 23
Tuberculin Negative—	
Given B.C.G.	608
Medically unfit	1
	<hr/> 609

DR. P. W. ROE, SOUTH-WEST HERTS AND DACORUM DIVISIONS.

The Tuberculosis Register in Watford has fallen by eight cases, and thus for the first time a fall has been recorded. This is due to the heavy excess of patients moving out of the district during 1961. At Hemel Hempstead the Tuberculosis Register has increased by five cases. The general position is that a plateau has been reached and in due course the heavy pressure to which this service has been subjected continuously for more than ten years will begin to ease.

The Regional Hospital Board have been reorganizing the medical staffing arrangements in this area, and on 1st November Dr. J. C. Roberts took charge of the Hemel Hempstead Chest Clinic, relieving Dr. P. W. Roe of this part of his responsibility. Arising from this new arrangement the further disentanglement of the staff working in the two clinics at Watford and Hemel Hempstead is taking place, so that in the future they will work as two separate units. This is the last combined report for the whole area.

The relative attendances of patients not concerned with tuberculosis has shown a slight fall during 1961 as compared with the previous year. The general position is that around 10 per cent of all attendances at the Chest Clinics fall outside the tuberculosis scheme, which continues to be the main activity of the chest departments of the hospitals.

	<i>Watford.</i>		<i>Hemel Hempstead.</i>	
	1960.	1961.	1960.	1961.
Patient attendances, excluding X-ray only—				
Total	12,496	11,235	4,388	4,508
Tuberculosis	11,425 (91%)	10,320 (92%)	3,928 (90%)	4,085 (91%)
Medical chest	1,071 (9%)	915 (8%)	460 (10%)	423 (9%)

TABLE 38.
COMPARATIVE STATISTICS.

	Watford					Hemel Hempstead				
	1957	1958	1959	1960	1961	1957	1958	1959	1960	1961
New consultations	667	631	792	713	505	387	290	334	356	312
Old consultations	6,606	7,067	7,477	7,867	7,219	2,131	2,678	2,646	2,610	2,814
New contacts	864	825	887	981	732	457	437	308	348	334
Old contacts	2,272	2,569	2,852	2,935	2,779	872	1,011	1,150	1,074	1,148
Refills	567	51	27	—	—	106	28	2	—	—
X-ray only	3,559	3,329	3,257	3,915	4,447	—	—	—	—	82
Total attendances	14,535	14,472	15,292	16,411	15,682	3,953	4,444	4,440	4,388	4,690

DR. T. A. W. EDWARDS, ST. ALBANS AND MID HERTS DIVISION.

The number of new notified cases of pulmonary tuberculosis was fifty-four, compared with fifty-five in 1960, fifty-nine in 1959, and ninety-four in 1958. The notifications for each of the last three years have been about half the number notified in each of the years 1948–58.

The table shows the source of these new pulmonary cases and their initial sputum state :—

Source	Positive	Negative	Total
General practitioner	7	3	10
Mass miniature radiography	5	7	12
Contacts (new)	2	6	8
Other depts. of hospital	6	3	9
Min. X-ray only, Service	8	3	11
M.M.R. follow-up	1	—	1
Contact follow-up	—	—	—
Other follow-up	1	2	3
	30	24	54

Thirty-five of the new cases were men, twelve were women, and seven were children. Twenty of the men but only three of the women were over forty years of age. Of the seven children, five were contacts of known infectious cases; the source of infection was found in the other two—the mother in one case and a person at a school in the other.

Contact examination was carried out at several schools or places of work where infectious cases had occurred, and at a school where a child with an unexplained primary infection had been found. At this school a teacher was found to have inactive (non-infectious pulmonary tuberculosis). Another male adult who was on the premises in the evening and in contact frequently with the children during the day was found to have pulmonary tuberculosis and a positive sputum. Fifty-eight children aged four to fourteen years had a tuberculin test; eight gave a positive reaction and six of these had had B.C.G. previously. No evidence of the disease was found in the other two. It is surprising that only one child appeared to have been infected from this highly infectious man.

A similar surprising situation was found in another school. A teacher died within twenty-four hours of admission to hospital. She was shown to have had extensive tuberculosis. Inquiry revealed that she had been in failing health and had had a bad cough for a year, but had continued teaching until the end of the term. All available children were tuberculin tested—eighty-two in all.

Only five were positive and two of these had had B.C.G. Only one child (aged six years) had a strong reaction and although his chest X-ray was clear it was thought advisable to give chemotherapy.

These findings contrast sharply with those of Hyge in war-time Denmark (1942), when ninety-four tuberculin negative children were exposed to a teacher with active pulmonary tuberculosis. Seventy converted to a positive reaction, forty-one of these showed radiological evidence of disease; eleven developed progressive pulmonary tuberculosis, seven with cavities, and one died.

The difference may be due to better conditions at school—the Danish teacher in war-time conditions taught in a badly ventilated cellar which was permanently blacked out. Furthermore, the standard of living and nutrition is better now in this country than in war-time Denmark.

Although the yield may be small in relation to the work involved, intensive examination of contacts at school or work should be vigorously undertaken. In this way a small but significant contribution can be made towards the discovery of unsuspected sources of infection, and early treatment given to those with recent primary infections.

Attendances, 1961.

Clinic attendances	.	.	11,132
New patients	.	.	974
Old patients	.	.	5,622
X-ray only	.	.	2,934
New contacts	.	.	500
Old contacts	.	.	1,102

DR. N. MACDONALD, NORTH HERTS DIVISION.

This year saw the opening of the new Out-patient Centre at Stevenage and since June a Chest Clinic session has been held on one afternoon a week. In October it was decided to start another clinic on Friday mornings for contacts, B.C.G. vaccinations, etc. Stevenage patients have gradually been transferred from Hitchin and the figures for the year show Stevenage clinic separately though in fact they are covering seven months only.

Forty-two newly notified cases of pulmonary tuberculosis were added to the Register during 1961—thirty-three at Hitchin and nine at Stevenage—compared with forty-one last year. These were referred to the clinic from the following sources :—

	<i>Hitchin.</i>	<i>Stevenage.</i>
General practitioners	15	4
Mass Radiography Unit	3	1
Odelca recalls	4	—
New contacts	3	—
Other departments and hospitals	5	4
Other sources	3	—

The total number of tuberculous cases on the Register at the end of 1961 remains almost the same as at the end of 1960 and is now 674 (Hitchin 498 and Stevenage 176), compared with 676 last year.

Total attendances for the year showed an increase and attendances for miniature radiography increased despite the fact that some patients who would previously have come to Hitchin were X-rayed at Stevenage Out-patient Centre where patients for chest X-rays only are not included in the work of the Chest Clinic. Attendances for 1961 compared with 1960 are as follows :—

	1961.	1960.
Total attendances—		
Hitchin	7,904	
Stevenage	1,211	
	— 9,115	8,638
Miniature radiography—		
Hitchin	1,573	1,429

The attendances throughout the year were as follows :—

	<i>Hitchin.</i>	<i>Stevenage.</i>	<i>Total.</i>
New patients	945	160	1,105
Old patients	4,299	838	5,137
Transfers in	66	21	87
X-ray only	1,662	—	1,662
New contacts	403	87	490
Old contacts	505	105	610
Refills	24	—	24
	<u>7,904</u>	<u>1,211</u>	<u>9,115</u>

The figure for patients “X-rayed only” included 154 schoolchildren referred to the clinic following positive skin tests prior to B.C.G. vaccination at school or children followed up annually because of this. Of this number eight only were recalled for large films but nothing significant was found.

During 1961, thirty-six cases of bronchial carcinoma were diagnosed (Hitchin thirty, and Stevenage six) compared with thirty-two cases last year. Much of the work of the Chest Clinic continues to be concerned with non-tuberculous diseases of the chest.

SOCIAL WORKERS.

South-West Division.

The total of 408 patients seen by the Social Worker during the year 1961 shows an increase in the previous year's numbers. Of this total, sixty-seven were non-tuberculous chest patients. The type of help given conforms very much to the same pattern as for the past few years.

Thirty-two patients who became fit for work were referred to the Disablement Resettlement Officer and most of them have been successfully placed in employment. Three patients were sent on Government Training Courses. The four patients remaining unemployed at the end of the year again fall in the category of the older man with a respiratory handicap, for whom it is still difficult to find employment. A further twenty-eight patients returned to their old jobs, or to modified ones with their previous employers, after completing their treatment. Of these, one case only relapsed during the period under review.

The Disablement Resettlement Officer continues to attend at the Chest Clinic once a week in order to interview and discuss patients, and this has proved a very satisfactory arrangement. He does, of course, also see the Chest Clinic patients at the Employment Exchange, as and when this is found to be necessary.

Of the fourteen convalescent holidays requested, one was arranged through the R.A.F. Benevolent Fund and one through the Bowley Charity for Deprived Children. Another three were also granted by the Bowley Charity but the actual holidays are being arranged for the summer of 1962. The main concern of the Charity is to arrange for children to go away, but in very special cases they will cover the cost of the mother accompanying them and this, in fact, applies to the three cases being arranged for the coming summer. The remaining nine convalescent holidays were arranged through the County Health Department and the patients received great benefit from them.

Sixteen new cases were recommended for a supply of free milk through the County After-care Scheme and the total number of Watford Chest Clinic patients receiving free milk at the end of December, 1961, was thirty-two.

As always, generous help has been received from many voluntary organizations, including the British Red Cross Society, the Forces Help Society, the W.V.S., and various other charities. The Bowley Charity for Deprived Children, through the year, has given great help to twelve families in the form of clothing grants for children; coal and blankets for the winter, and food parcels at Christmas, as well as the holidays already mentioned.

Appreciation must also be voiced for the help and co-operation received from the various statutory authorities.

Dacorum Division.

Number of patients referred : 144.

Apart from financial difficulties, housing seems to remain the major social problem for the tuberculous patient in Hemel Hempstead.

Of the 144 patients seeking help or advice from the Social Worker, twenty-four had problems connected with housing conditions. Of these twenty-four, only one family was rehoused, and this was on an exchange basis.

Help on the financial side was sought by thirty-eight patients, twenty-nine of whom received grants from the National Assistance Board.

The R.A.F. Benevolent Fund defrayed the cost of a holiday by the sea for one elderly male patient ; the Margaret de Sousa Deiro Trust made a grant of £25 for the purchase of a comfortable armchair and footstool for one old lady ; the Royal Naval Benevolent Trust sent the sum of £10 to cover the cost of fuel for another patient.

The W.V.S. has never failed to respond to any appeal for clothing for patients and their families struggling to make ends meet on a much-reduced income. Their response is rapid and efficient and many patients in the town are indebted to Mrs. Newall and her helpers. These gifts have ranged from a baby's layette to a fur coat.

Twenty-four patients, after completing treatment, were referred by the Chest Physician as being fit for work. Twelve of these were referred to the Disablement Resettlement Officer, mainly patients who would in future only be able to undertake light work. Light work, carrying adequate pay, is virtually unobtainable and many patients are unhappy and frustrated at their inability to find it at a wage on which they can support their families at a standard higher than that allowed by National Assistance.

Most skilled workers have their old jobs waiting for them. It is the unskilled manual labourer, unable to return to his original work, who is most difficult to place. One such patient, however, was accepted for an I.R.U. course at Egham Rehabilitation Centre.

Seventeen patients have been granted free milk under the County scheme.

This is a practical form of help which patients appreciate. It seems a great pity that this scheme cannot be extended to cover non-tuberculous patients of the Chest Clinic also, particularly as they do not benefit financially from the extra T.B. allowance granted by the National Assistance Board.

Fortnightly conferences between the Chest Physicians, Health Visitors, and the Social Worker continue. These meetings give the Social Worker the opportunity to seek the guidance of the Chest Physician on any particularly difficult problem and enable her to co-operate to the fullest extent with the Health Visitors.

South Herts Division.

In my report for 1960 I noted the gradual change in social work with the recovering chest patient from long-term to shorter-term planning and during 1961 this became increasingly apparent particularly with the tuberculous patient.

There is, however, still much long-term work to be done in an attempt to help the chronic bronchitic with rehabilitation, absorption into suitable industry, and care at home. Many local employers help the bronchitic man by offering lighter work and easier hours. Yet many of our patients have to give up gainful occupations prematurely and it is in these homes that emotional and financial difficulties are so often encountered.

With the general trend, however, towards shorter periods off work for most other chest patients there is less call on some of the social services, the following becoming mainly apparent to me during 1961 :—

Financial.—Although National Assistance Board grants are still needed by some patients many are now covered by their firm for the shorter period they are likely to be off work receiving medical treatment.

Rehabilitation.—It follows that most patients return to their former employer and are sometimes given special consideration on their return. This arrangement can sometimes cause difficulties and training for totally new employment would often be more beneficial in the long run. Young men are, of course, more willing to undergo training under the Ministry of Labour schemes but generally there has been a falling-off in demand.

Housing.—The local housing authorities have once again during 1961 given the tuberculous patient a very fair share of new homes built in the area. Yet with earlier diagnosis and more effective treatment a patient might well be on the way to recovery before even the preliminaries of rehousing have been completed. In two such cases of newly-discovered tuberculous patients with positive sputum the disease had been arrested and made negative almost before the final exchange of letters between the Social Worker and the housing authority concerned. Good housing conditions, of course, are still generally recognized as being of particular importance to the recovering patient.

Convalescence.—There has been less demand for convalescence during 1961 mainly because shorter treatment has been necessary in most instances, but in certain cases convalescence is of great value. The older patient often needs this extra incentive to get back to work after a period of illness; the chronic patient certainly needs this break from time to time and the patient recovering from lung surgery undoubtedly derives great benefit from a seaside holiday.

These changes have been gradual over the last few years but some change of pattern in Chest Clinic work is often surprising. One such change has been the increase in the number of new tuberculous patients in the middle-aged groups. I have, over the past year, tried to pinpoint the social cause for this in those patients that have been referred to me. It has been interesting to note that many of these men have been attempting to do two jobs of work—in several cases night-workers also doing day jobs involving four to six hours' work.

Others work for too long, feeling ill and postponing the visit to the doctor because of the worry of financial commitments should they have to give up work. The desire for a higher standard of living is the usual reason given for these long working hours.

I have said little about the many chronic chest patients that need visiting regularly, including many lung cancer cases. Various voluntary organizations continue to help these patients in many ways and once again thanks must be given to societies, including The Chest and Heart Association, The Glasspool Trust, National Society for Cancer Research, and The British Red Cross.

CASES REFERRED BY :

Chest physicians	79
Hospital—Hertfordshire	6
Ex-Hertfordshire	4
General practitioner	6
C.M.O. or D.M.O.	4
Health Visitor	49
Patient	20
Others	12
Visits to T.B.	106
Visits to non-T.B.	54
Interviews in Clinic	220

NEEDS.

<i>Advice on personal and emotional difficulties</i>	51
<i>Finance</i>	37
<i>Resettlement.</i>	
Rehabilitation	11
Training	4
Employment	34
<i>Housing.</i>	
Rehousing	17
Accommodation	6
<i>Home Care.</i>	
Day Nursery	10
Home Help	22
Diversional Therapy	9
Care of Children	6
Milk Grants	32
Extra Nourishment Grants }	
Clothing	9
Fares	12
Books	4
Convalescence	17
Miscellaneous	11

AGENCIES USED IN SOCIAL ACTION.

Statutory.

Ministry of Labour and National Service	16
National Assistance Board	22
Ministry of Pensions and National Insurance	14

County.

Children's Committee	2
Health Committee	21
Welfare Committee	2
Probation Committee	3
Education Committee	3

Voluntary.

British Red Cross Society	17
Women's Voluntary Service	8
Others	19

St. Albans and Mid Herts.

The statistics for 1961 have followed the same pattern as those for 1960. The total number of cases referred to me have again increased and is now approaching the number which was dealt with a few years ago when this area included Hemel Hempstead. But the percentage of each type of illness has remained the same, and thus the large increase in the number of short-term illnesses, mainly carcinoma, reported last year has been maintained.

The percentage of patients requiring financial assistance has remained steady at 34 per cent and the percentage of those requiring help with personal and emotional problems has also remained the same at 74 per cent. Thus the close connection between these two, which I referred to last year, has been maintained. The continued restriction of credit facilities has resulted in fewer, and smaller, hire purchase commitments, and most financial problems have been reduced to the common denominator of how to live on a greatly reduced income.

This year has been notable for acute accommodation problems. There has been a 50 per cent increase in this type of case and as there is an acute shortage of all kinds of accommodation in this area it is sometimes impossible to deal with the difficulty satisfactorily. One such case, which is not unique, is that of a tuberculous man who lives in a single furnished room and sleeps in the same bed as his wife and three-month-old baby. A kitchen is shared with three other families; the heating is by oil stove; the cost of these facilities is £3 a week. I can find no alternative because landlords do not want a baby, and the couple are not yet on the "live" housing list. No one can pretend to be satisfied with this situation. In another case I am hopeful that with the help of a charitable body the patient may be able to buy his own house and carry out necessary improvements and alterations to it. At present he is living in a ramshackle caravan, and his wife is expecting her first baby. If, next year, I am able to report progress here, it will mean that several hundred pounds will have been raised from charitable sources, supplemented by the man's own savings.

It is not easy to raise such large sums but the fact that they can be obtained in exceptional cases serves to emphasize the value of, and necessity for, the work of the voluntary bodies. They fill the gap which the Statute and the Rule Book cannot fill; they can recognize the exception and provide for the unusual. This does not detract in any way from the very real debt which I owe to the hard-working and conscientious officials of the Statutory and County agencies. The majority of the cases are referred to them and without their help my work would be impossible.

TUBERCULOSIS VISITORS.

The number of Visitors at the end of 1961 was ten. The establishment was eleven. The work of a Tuberculosis Visitor has changed over the past few years. Now it is not only the tuberculous patient that is seen at the clinic, but patients with other chest conditions, i.e. asthma, bronchitis, carcinoma. In spite of this, the tuberculous patient still remains her first priority. This work includes the following-up of contacts, home visiting, assisting with B.C.G. vaccination. No longer does the Visitor have to deal, to any extent, with advising on isolation at home as all newly-diagnosed patients can be admitted to hospital immediately. The most useful part of the work is home visiting, and furnishing reports to the Chest Consultant. Facts are often brought to light which have a bearing on the illness for subsequent treatment. These are not necessarily physical, but often psychological and material in content.

One Visitor attended a refresher course during the year.

TABLE 39.

Tuberculosis Visitors' Case Load at 31st December, 1961.

<i>Divisions.</i>	<i>No. of Visitors.</i>	<i>Patients under Supervision.</i>	
		<i>1960.</i>	<i>1961.</i>
East Herts	1	422	312
North Herts	2	1,216	1,360
South Herts	1	1,014	1,108
South-West and Dacorum	5	2,685	2,711
St. Albans and Welwyn	1	1,342	1,207

TABLE 40.

	1961		1960	
	Attendances at Chest Clinics	Visits to Patients	Attendances at Chest Clinics	Visits to Patients
Tuberculosis Visitors	1,877	18,751	1,963	19,097
Health Visitors	34	255	5	200
Home Nurses	—	7,613	—	7,792

DIVERSIONAL THERAPY.

During the decade of the fifties modern therapeutic techniques had steadily shortened the periods of convalescence of those suffering from pulmonary tuberculosis. Prior, therefore, to the extension in 1960 of the scheme to include the non-tuberculous the demands for diversional therapy had been slowly decreasing but during 1961, the first full year during which the extended scheme had been in operation, requests for teaching advice and materials increased substantially. Materials supplied to the non-tuberculous patients now account for a third of the expenditure allocated to this service.

Apart from the South-West Division, where there is a part-time County Occupational Therapist on the staff of the Chest Clinic in Watford, Miss Gibbs of the British Red Cross Society continues her voluntary work over the rest of Hertfordshire. Requests are received from the Chest Physicians and from the Nursing Services and these are passed to the Society, the County Council being responsible for any necessary materials thought suitable by Miss Gibbs. The Chest Physicians make recommendations in regard to the type and the amount of work to be carried out by their patients.

RECUPERATIVE HOLIDAY SCHEME.

A small but no less important part of the After-Care Service is the provision of convalescence for those who by reason of illness or operation would benefit by a short period in a suitable Home. The Hospital Boards can also of course provide convalescence and should do so if medical or nursing care is required.

Recommendations are received from the hospitals or from family doctors and places are booked for the patient in the Hertfordshire Home, St. Leonards-on-Sea, or elsewhere depending upon the physical or mental condition. The Hertfordshire Home, run by a voluntary organization, is normally used for most of our cases but during the summer of last year the Committee of the Home could not accommodate the numbers being submitted to them and therefore places had to be found elsewhere. A number with severe handicaps are accepted within the scheme to enable those looking after them to be relieved of their burden for a little while. Occasionally, married couples have to be sent away

together and sometimes a mother finds difficulty in going unless she can take one or more of her small children with her.

Table 42 shows the figures for those dealt with under the scheme during the year and once again it will be seen that the majority are in the older age groups.

Children between the ages of five and fifteen years are catered for by the Education Authority.

TABLE 41.

	1959.	1960.	1961.
Applications received	413	365	402
Applications approved	383	343	370
Applications not accepted	30	22	32
Applications subsequently cancelled	87	78	76
Patients sent to Hertfordshire Home	235	202	204
Patients sent to other Homes	31	41	90
Mother accepted with a child (or children) under four years	4	10	6
Married couples sent away together	14	11	11

TABLE 42.

AGES OF PATIENTS.

	0-1		2-5		6-15		16-45		46-65		66 +		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Accepted	6	1	3	4	—	—	12	76	43	100	38	94	102	275
Sent away	4	1	3	4	—	—	9	54	31	86	33	76	80	221

BY WHOM REFERRED.

Own Doctor	Hospital	Chest Clinic
333	43	26

MEDICAL EQUIPMENT LOAN SCHEME.

District Nurses and Midwives have available for their patients a few of the commoner articles required in illness or at confinements in the home. The St. John Ambulance Brigade and the British Red Cross Society did for many years, before the National Health Service Act, loan from their various depots a considerable number of items of medical equipment. Since 1948 they have continued to maintain depots for this purpose but they act now as agents for the County Council in so doing and their continued voluntary service is much appreciated.

Their depots were divided, largely on a population basis, into principal and subsidiary depots and the County Council provided when necessary articles to the total which it was agreed should be held in each type of depot. Special articles are supplied directly by the County Council to the individuals requiring them and the appropriate depot staff arrange to obtain the agreed deposit and loan charges. The money obtained in this way by the two organizations is expected largely to meet the cost of running the depots and to renew the stocks of the standard equipment held at them.

Some of the special items, "hoists", beds, wheelchairs, bought centrally, are quite expensive and some £1,600 was spent in 1961 in their provision. It should, however, be emphasized that this help by the supply of aids of one kind or another does materially assist a person not only to remain in the community but often in addition, as in the case of the housewife with family

commitments, to keep the household together. It is of interest to set out some of the more special articles bought during the year :—

Wheelchairs	15
Portable lifting stands	7
“ Hoists ”	6
Postural drainage frames	5
Special bedsteads	2
Walking aids	19
Adjustable crutches	5
Bath seats	9

It will be realized that storage space for some of these articles when they are back in store for brief periods between patient demand is of ever-increasing importance. Happily with the erection of more and more Health Centres with special provision for Loan Depots this need is gradually being met.

CHIROPODY.

This scheme did not materially change in its general arrangements during 1961 although many more persons received treatment.

As the County as a whole was not uniformly served by chiropodists an endeavour was made by advertisement to obtain whole-time or part-time salaried officers to work in areas still short of facilities. One lady was appointed whole-time to work in the East and Mid Herts Divisions and one man, in a part-time capacity, in the South-West Division.

By far the majority of those treated attended as individuals at the chiropodists' private surgeries, though a number of sessions were held in the surgeries and also in Health Centres and halls ; these were mostly under the auspices of the local old peoples' associations. A small number of the house-bound were visited in their own homes.

As the Health Centre programme progresses and more premises become available with special rooms for chiropody it is hoped that more clinics will be established. Treatment at surgeries is an expensive way of providing this service but this was the only way we saw of giving an immediate service.

The following table shows some details of the work done :—

TABLE 43.
Private Chivopodists.

No. of sessions	730
Treatments given	5,000
No. of treatments given at surgeries	25,540
No. of home visits	1,700

1961	No. of sessions	No. of patients seen in surgeries	No. of patients visited at home
January	70	1,750	320
December	65	1,930	420

MENTAL HEALTH.

The Mental Health Act, 1959, became fully operative in November, 1960, and thus 1961 was the first complete year during which it was in force.

This Act not only attempted to change an age-old conception of the mentally disordered and of the actions which should be taken in regard to them, but also made the care and after-care provisions of Section 28 of the National Health Service Act, 1946, much more comprehensive and more specific in its relation to them than had been possible under the 1946 Act alone.

The following pages show the application of the Acts within the County, and include a report of the Consultant Psychiatrist and some of the comments of the Mental Welfare Officers and other officers on different aspects of their work.

Dr. A. Torrie, Consultant Psychiatrist :—

“ The Mental Health Act of 1959 was a fine measure, which had great ideals but which has been, however welcome, thrust upon a public unready to receive it. It will be a long time before it is applied fully.

The medical public is more important than the non-medical public. The recent report of the World Health Organization, on the teaching of mental health to medical students, reveals that in medical schools the materialistic bias is so pronounced that when the student reaches the stage of being taught mental health the teachers say that they have first to overcome the prejudice instilled in them by the teachers of physical medicine. A study in 1958 of the teaching of psychiatry in British medical schools revealed that in one, in London, they were given twelve hours in the six years' course and that even the best give only eighty five hours, although the report referred to by the W.H.O. recommends a minimum of 120 hours during the medical course. So it is to be expected that the General Practitioner's interest in mental health, when he begins practice, is at a low ebb, as indeed is the case with Consultants in medicine and surgery because they have not been orientated towards detecting the early signs and symptoms of illness of the mind, or of bodily symptoms with emotional causes. Before the war two books, *The Common Neuroses*, by Dr. T. A. Ross, and *Recent Advances in the Psycho-Neuroses*, by Professor Millais Culpin, both pointed out that two-thirds of mental ill-health could be dealt with successfully by the General Practitioner in the early stages and prevented from developing into more serious illnesses. Another report by the College of General Practitioners, in 1957, indicates the need for more knowledge about psychiatric topics for the family doctor.

Community Care.—The aim of this is to achieve early detection and treatment at the more treatable phase of the illness. A parallel could be found in the treatment of tuberculosis. Since the Health Service Act began the death rate from this former frequently fatal illness has been reduced by from 80 to 90 per cent. This is not only due to the new drugs but is also due to much earlier detection by M.M.R. and the excellent pre-care and after-care attention to the family and the contacts. I feel that exactly the same service could be developed in the mental health field. In 1948, several hospitals said that it would be better if their own social workers did after-care and, provided there are enough social workers who can follow the patients out into the community and see that they are supervised during the resettlement phase, this would be a good idea. Unfortunately, there is a shortage of workers trained in the mental health community field and the idea did not work out.

Unfortunately, too, not only is the medical profession divided about the value of psychiatry but the situation is bedevilled by various schools of psychiatry. One school avers that except in respect of cases of diseases of infectious nature with psychiatric results, like G.P.I. and alcoholism, little can be done in the preventative field. This is because they believe that the causes of mental illness are physiological and constitutional—‘ bred in the bone ’, so to speak. It is true that many mental illnesses have predisposing causes but it is also true that without precipitating causes the illness would remain latent. It is the precipitating causes in the failure of human relationships that are capable of detection and amelioration. Before the Mental Health Act came into operation, Medical Officers and Social Workers in the County were given indoctrination by the school of thought

that believes that community care is possible after hospital treatment and also before the need for hospital care arises. Health Visitors of the County have had twenty seminars, detailing what can be done in their field in the early detection and prevention of the development of mental illness. After-care which consists merely in supervising and taking of drugs by the discharged patient, is not enough. The patient needs encouragement and understanding and the listening ear of the Social Worker. This requires time, so that the visit of the Social Worker should not appear to be hurried, as those suffering from disability of the mind often have great difficulty in being articulate and in getting to the point. The Tavistock Clinic method of case conferences for Doctors and Social Workers has been repeated in the County and although this is a slower method of community care, it is likely to bring more lasting results.

The Shortage of Social Workers.—An estimation was made in the Mackintosh Report, about twelve years ago, that one Social Worker was required for 50,000 of the population, and this is the aim that has been in mind during planning. As with Child Guidance Clinics, whose provision revealed a need that was hitherto unsuspected, community care in the mental health field has uncovered many cases that, in an affluent society, were previously undetected. Some Authorities feel that one community care worker for this work is required for every 15,000 of the population. The aim in the County has been to choose Social Workers mainly on the grounds of their personality and capacity for making good relationships with their clients and for qualities of flexibility, pity, and compassion. In this field it is so easy to judge and to put psychological symptoms down to weakness of will or, as was said in one of the Services, 'lack of moral fibre.' That does not help a patient but makes him produce more signals of distress and so the vicious circle goes on. In the last few years the Community Care Service in the mental health area has built up a team of workers, four of whom have a psychiatric social worker's qualification, and it is hoped that year by year others of the team will be seconded to achieve this. Hertfordshire had a very well developed service in the mental subnormality field, and this has also been taken on by the present community care team. Welfare Officers are continuing to do the compulsory removal of cases.

Future Needs.—There is a need for sheltered workshops, hostels for discharged patients who need understanding and supervision during the rehabilitation and resettlement period, adult training centres for the subnormal, hostels for the subnormal near these training centres, more day hospitals, conducted by the staffs of nearby mental hospitals, with close co-operation with the County workers. It is hoped that each Division would have its interviewing room and office for the Mental Welfare Officer, and this is being brought about as the opportunity arises.

Cost.—All this will cost money, and it was unwise of the Government to impose an Act on Local Authorities without the personnel or the finances to carry the Act out. Research has proved that with adequate community care, 50 per cent of the relapse rate and return to hospital of the discharged patient is eliminated. The cost, in further hospital treatment and loss of productivity by the disability of the worker, would far outweigh the increased cost of employing more community care personnel."

General.

The Authority's proposals, submitted to the Minister of Health, for the provision of Mental Health Services under Section 28 of the National Health Service Act, were approved by the Minister on 31st January, 1961.

Under these proposals the Authority planned to extend existing services, which already included training centres, home training, social clubs, and home visiting, to provide residential accommodation for mentally disordered persons, and to co-operate with the mental hospitals serving the County in providing day centres.

By the end of the year, new junior training centres, to replace the present Hertford and Hitchin centres, were in course of construction, and negotiations were in progress to acquire a modern church hall in Welwyn Garden City for a temporary J.T.C. for that Division. Adaptations were completed at a small centre at Harebreaks, Watford, to permit a temporary adult training centre to open there in January, 1962, and alterations had been approved for the conversion of a nurses' home in St. Albans into a hostel for adult subnormal males. Approval had also been given to the establishment in Watford of a hostel for the mentally ill, to be associated with a day hospital to be provided there by the Napsbury Hospital Management Committee.

Staff.

The arrangements with the Welfare Department continued, whereby the services of fifteen Welfare Officers were shared with the Health Department, and these officers undertook all necessary actions for the compulsory admission to hospital of mentally ill patients. During the year, the staff of whole-time Mental Welfare Officers was increased from ten to thirteen, made up of four Psychiatric Social Workers and nine Social Workers. One Social Worker resigned for domestic reasons during the year and one Psychiatric Social Worker and three Social Workers were appointed. One officer completed the Mental Health Certificate course in 1961 and returned to duty as a Psychiatric Social Worker.

Supervisory staff at the Training Centres is appointed in the ratio of one staff to twelve persons in attendance, plus a general duties assistant/trainee at each centre. There were two vacancies on the establishment at the end of the year, one at the Adult Female Training Centre, Hertford, following upon the sudden death of the Assistant Supervisor, and the other at Hitchin for a general duties assistant.

The occupational therapy position was still unsatisfactory during 1961. The part-time officer appointed in 1960 left in October, to go with her husband to another part of the country. A whole-time therapist who joined the staff in April left to go overseas with her husband after her marriage in July. Towards the end of the year another whole-time therapist was appointed. She will visit and help the adult subnormals in Divisions where training centres are not available, and also those unsuitable to attend existing centres. There is a shortage of Occupational Therapists to help the mentally disordered in the field, and it may be, unfortunately, some time before adequate staff is available.

In-Service Training, and Training and Refresher Courses.

Dr. Patterson, Medical Superintendent of Napsbury Hospital, continued the courses for Health Visitors, started three years before, and by the end of 1961 the sixth group of twenty Health Visitors from the County staff was in attendance at a course of lectures given by the Psychiatrists of the hospital. These courses have proved of immense value to the Health Visitors in their relationship with the families they visit.

In February, Dr. Torrie resumed the weekly case conference with the Mental Welfare Officers, which had been suspended by reason of his illness, and these officers were once again able to obtain the very necessary advice and guidance of an experienced psychiatrist.

The opportunity was taken, throughout the year, of keeping the staff in the various branches of the service aware of the progress of thought in the

different aspects of dealing with the mentally disordered, and conferences, seminars, refresher courses, and study days were attended by Medical Officers, Mental Welfare Officers, and the staff of the Training Centres.

In accordance with the Committee policy, two of the staff of the Junior Training Centres were seconded for the year's course to qualify as teachers of the mentally handicapped, and three young trainees from the centres will do likewise, it is hoped, in 1962.

COMMUNITY CARE.

At the end of 1961, 1,144 cases were being visited by the Mental Welfare Officers. This number was made up of 977 subnormals and 167 mentally ill.

Statistics of the Mentally Subnormal.

During the year, 219 subnormal persons were added to the Authority's list of those in community care. These cases were referred from the following sources :—

General Practitioners	7
Hospitals—	
On discharge from in-patient treatment	56
After or during out-patient treatment	14
Local Education Authority	88
Police and Courts	5
Other sources	49
	<hr/>
	219
	<hr/>

During the same period, visiting of 227 subnormal cases was discontinued for the following reasons :—

Supervision considered no longer necessary	89
Left County	46
Admitted to hospital	85
Died	7
	<hr/>
	227
	<hr/>

Mr. Bushell, South-West Herts, has given some details of his “ register ” of cases during the year, and also shows the types of work which can frequently be obtained and held by these boys and girls :—

“ Of this register of ninety-nine, now receiving ‘ friendly supervision ’ :

63%, as compared with 59½% in 1960, are satisfactorily employed.
8%, “ ” 14¼% “ ” are incapable of work and cared for at home.
11%, “ ” 9% “ ” attend daily Junior Training Centre.
14%, “ ” 9% “ ” attend daily Adult Training Centre.
4%, “ ” 8¼% “ ” have been admitted to hospital.

The ‘ breakdown ’ of types of employment shows that, of those employed :

22½% (17% in 1960) work in building and factories, as labourers ;
14½% (12½% “) Council Highway Departments ;
9½% (12½% “) as gardeners ;
9½% (11% “) as machinists and carpenters (semi-skilled) ;
11% (9% “) as packers and storemen ;
9½% (7% “) as brewery labourers ;
6½% (7% “) as shop and garage assistants ;
5½% (5½% “) as optic lens grinders and timber and paper-mills labourers.”

Miss Morris, North Herts, brings up the problems of settling-in some of these youngsters :—

“ The placing in employment of the subnormal boy or girl from Special School continues to present a problem, and so often several jobs have to

be tried before a suitable one is eventually found. At the age of sixteen, when they leave school, these patients are so childish and immature that continued training is really necessary for them—perhaps this could be provided when we eventually get our workshops. The benefit of this training is shown by the excellent result from a boy who would scarcely speak, was shy, nervous and withdrawn, was unemployable, a seemingly hopeless case, and a great anxiety to his parents. Reluctantly they agreed to his admission to hospital. After two years' workshop training there, he came home—a few weeks in one job, followed by several months in another, and he was unemployed, and after personally approaching the staff manager of a large factory, which was doing work very similar to that the lad had been taught in hospital (including the clocking-in and out which so often bewilders this type of boy), he interviewed the boy and took him on at the normal rate of pay. He has been there for several months; he gets restless at times, but an occasional 'pep talk' keeps him going."

Miss Watson comments on the difficulty in finding employment in her rather rural area, while Mrs. Edwards, in the Lea Valley, speaks highly of the help given by employers.

Miss Watson :—

"The employment situation in the whole of this area is difficult, and placing in jobs does lead to tremendous disappointment, as it is difficult enough to place ordinary school-leavers in jobs in some of these areas, without the additional handicap of backwardness. One boy of eighteen has found himself about four jobs, one after another, none of which he has managed to keep for longer than a week, although he himself seemed to enjoy them all. It is very difficult for him to accept the fact that he just cannot satisfy an employer when he feels so happy about his work, but this is a situation which does seem to arise quite often, especially in the areas where employment is scarce."

Mrs. Edwards :—

"Once again I must pay tribute to the kindness, tolerance, and co-operation shown by employers in East Herts. Whenever possible, employers have accepted handicapped people in their factories, even to the extent of making jobs for them. Every effort is made by the employer to train the handicapped person to become a useful wage-earner, and in some cases exceptional results have been shown. In others, where the person is not very successful, the employer will keep him on, and by trial and error find him a niche somewhere. I have been most impressed, also, by the way employers insist that fellow-workers co-operate, and will not allow any of them to ridicule the handicapped person. One accepted a backward boy with a very difficult and aggressive manner, who had been a complete misfit even at a special training centre. This boy is now very successful, and earning top wages. The employer telephoned me and offered to accept a second boy. This boy also had special training, but is not very successful; the employer refuses to dismiss him, and is sure he will eventually fit in and stay long enough to qualify for a pension. The same employer also has two blind employees, and through me asked for a handicapped person of high intelligence, and this request was met by a Hospital Almoner."

Statistics of the Mentally Ill.

During 1961, 268 mentally disturbed people have been helped, a small number compared with the subnormal, but a significant increase on previous years. Of these, 201 were new referrals, sixty-three were brought forward from 1960, and four were reopened. As none of these cases are of long standing, the

following table shows how the total group was referred and their distribution in the County :—

Referred from Mental Hospitals—	
Claybury	26
Napsbury	20
Hill End	12
Fulbourn	2
Three Counties	1
Other Mental Hospitals	16
	— 77
From—	
Psychiatric Out-patients' Clinics	46
General Practitioners	40
General and Teaching Hospitals	15
Medical Officers	8
Spontaneous, from patients and relatives	21
From other sources—	
Mental Welfare Officers	11
Health Visitors	11
Child Guidance Clinics	5
Ministry of Labour	5
Probation Officers	3
National Assistance Board	3
H.M. Forces	2
Home Help Organizer	2
Citizens' Advice Bureau	2
Garston Rehabilitation Unit	2
County Almoner	2
Tavistock Clinic	1
Marriage Guidance Council	1
N.A.M.H.	1
M.A.C.A.	1
Miscellaneous	9
	— 61
	268

Of these 268 cases, no fewer than 101 were suitably dealt with and closed before the end of the year, leaving 167 to be carried forward to 1962.

Regarding work with the mentally ill, Miss Duxbury writes :—

“ The service for the mentally ill (as distinct from the mentally sub-normal) began in the St. Albans Division during the last week in January, 1961, and over the ensuing eleven months, fifty people have been accepted for varying degrees of help, from single interviews to weekly contacts in a few cases. The work has almost always extended to the whole family (sometimes by correspondence where the relatives live elsewhere) and many contacts have been made with General Practitioners and statutory and voluntary social workers and welfare services.

There have been several employment problems, particularly among schizophrenic patients, who because of slowness and preoccupation have been unable to keep posts in industry. This type of patient might be able to use a sheltered workshop for a period of rehabilitation before returning to normal employment. Accommodation in St. Albans and district is very difficult to find, and a hostel for both men and women is badly needed in the town. In spite of the fact that many clients are living on small allowances from the National Assistance Board, and their material needs were obvious, few sought any help in this particular direction, and only in four cases was any financial help given, three in the form of Christmas supplements.”

TRAINING CENTRES.

At the end of the year, 263 persons were in daily attendance at the Authority's Centres or attending training departments in hospitals or mental nursing homes, under arrangements made by the County Council.

The numbers attending the various establishments are given in the following table :—

<i>Centre.</i>	<i>Under 16 years.</i>	<i>Nos. in attendance. 16 years and over.</i>	<i>Out- County.</i>	<i>Totals.</i>
<i>L.H.A. Centres.</i>				
Barnet, Junior Training Centre	30	2	1	33
Hemel Hempstead, Junior Training Centre	26	17	—	43
Hertford, Junior Training Centre	38	1	—	39
Hertford, Adult Female Training Centre	2	24	—	26
Hitchin, Junior Training Centre	28	8	1	37
Watford, Junior Training Centre	45	5	—	50
<i>Hospitals.</i>				
Cell Barnes	19	6	—	25
Leavesden	—	1	—	1
<i>Mental Nursing Homes.</i>				
St. Francis School, Buntingford	5	—	—	5
St. Raphael's, Barvin Park	—	4	—	4
Totals	193	68	2	263

During the year, arrangements were made with St. Francis School, Buntingford, for boys from the Buntingford area to attend for training there. This temporarily relieved the shortage of accommodation at the Hertford Junior Training Centre, which is still admitting cases from the Hatfield and Welwyn Garden City area, as well as from East Hertfordshire.

The new centres for East and North Herts, at Stanstead Abbots and Hitchin respectively, should be ready by September, 1962. Special Care Units have been included in their design, to permit some of the more handicapped children being accepted for whole-time or part-time attendance. At the end of the year, eight children had been accepted as suitable for the junior training centres and were on the waiting list. Arrangements are being made for six of these to commence attendance at the beginning of the spring term, and the remaining two will be admitted at the beginning of the summer term.

There were fifty-nine cases at the end of the year (thirty-one males and twenty-eight females) waiting for places in Adult Training Centres. Arrangements had been made for twenty-four of these to commence daily training in January, 1962—twenty-two at the new Harebreaks Centre, Watford, one at Cranborne Hall, Hertford, and one at the Senior Boys' Class in the Hemel Hempstead Centre.

The distribution of the remaining thirty-five is given in the following table :—

<i>Division.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
East Herts . . .	7	—	7
Mid Herts . . .	4	—	4
South Herts . . .	—	2	2
South-West Herts . . .	—	—	—
Dacorum . . .	2	1	3
North Herts . . .	4	7	11
St. Albans . . .	2	6	8
Totals . . .	19	16	35

The largest group is in North Herts, where it is intended to use part of the accommodation, which will not be required for the next few years for juniors, for two adult classes which would permit the attendance of cases on the waiting list from this part of the County.

As many as possible of the remaining cases will be visited regularly by the occupational therapist.

SOCIAL CLUBS.

Outside activities are, of course, also of primary importance to help the development of the mentally disordered and to assist in their establishment within the community. It is therefore pleasant to state that seven clubs for these persons were in operation in the County at the end of 1961. Details are given in the following table :—

<i>Club.</i>	<i>Responsible body.</i>	<i>Category.</i>
Corner Club, Watford . . .	Herts County Council . . .	Adult, mentally ill (both sexes).
Tuesday Club, Welwyn Garden City.	Tuesday Club (local voluntary organization).	Adult, mentally ill (both sexes).
Tuesday Club, Watford . . .	Herts County Council . . .	Adult subnormal males.
Stepping Stones Club, Watford.	Watford Society for Mentally Handicapped Children.	Subnormal of all ages (both sexes).
Saturday Club, Stevenage . .	Stevenage and District Society for Mentally Handicapped Children.	Subnormal of all ages (both sexes).
East Herts Social Club, Hertford	Hertford Society for Mentally Handicapped Children.	Adult subnormal females.
Hemel Hempstead Training Centre Club, Hemel Hempstead.	The Lions International Club	Subnormal of all ages (both sexes).

The Mental Welfare Officers, the Social Therapist at the Corner Club, Watford, and the Supervisor of the Hemel Hempstead Training Centre comment in their reports on some of these activities, and of possibilities in this direction for the future.

Mr. Bushell, Watford :—

“ Each Wednesday evening the Stepping Stones Club continues to fulfil a most useful function amongst adolescent subnormals, and a close link is maintained between this club’s activities and the local Tuesday evening Working Men’s Club.

The Tuesday Club at Derby Road School has an average attendance of twenty, and by welcoming residents of the nearby Leavesden Hospital Hostel, provides a most valuable contact for these men with the Mental Welfare Officer, prior to their ultimate discharge from the hospital to friendly supervision by this officer. The level of behaviour this year has been noticeably higher, and those attending the club are now showing a degree of responsibility and pride in their club.

Badminton, shove-ha’penny, and cribbage have been introduced this year with success, and a North Watford Club was entertained in November. Apart from a Christmas party immediately prior to the Christmas recess, an outing to Wembley Ice Show has been arranged towards the end of January, and members have been subscribing a small sum each week to pay for their seats and transport.”

Mrs. Cherry, Social Therapist at the Corner Club, Watford :—

“ This is the fourteenth year of the Watford Therapeutic Social Club. It was formed in 1949 with five members and a firm belief in the need for such an organization in the district. This anniversary was recently celebrated most successfully with some of the original members present and it might not be inappropriate at this time to state briefly the purposes of the club.

(a) The main object is to avoid the necessity for in-patient treatment by working alongside out-patient treatment, giving weekly support to those who need it, and social contacts to the many lonely, inadequate, and mentally isolated people who find the club an essential auxiliary.

(b) As an additional after-care measure to help those who have left the sheltered atmosphere of hospital in adjusting to the ordinary stresses of everyday life.

(c) To provide treatment in the social setting by giving insecure and indecisive people opportunities to help in the organization and well-being of a community, in addition to enjoying an evening out.

The measure of the need and success of the club is reflected in its average weekly attendance, which is between twenty-five and thirty, with a total membership of over sixty. This has naturally been affected by the very severe winter though it is remarkable to note the number of patients who come to the club no matter what the weather or the difficulties, and like another well-known institution, 'we never close.'

The club is now very self-sufficient, the members, by means of an elected committee, manage to organize their own programmes. Differences of opinion are usually settled amiably and tolerantly, discussions and criticisms being encouraged. In this way members are helped a great deal to bridge the gap between hospital and the ordinary day-to-day relationships at work and at home.

A highlight of the year was a 'tramps' supper', with everybody co-operating by appearing in fancy dress, and all, as is customary, contributing toward the meal.

Our outside activities have been curtailed this year by the bad weather, but nevertheless visits have been exchanged between the Watford and Hendon clubs with great success and enjoyment.

It has been pointed out that the membership is somewhere in the region of sixty, but one of our main and as yet unsolved problems is to get all the people who have been referred to the club to come to the club. In many cases these people are in great need of the club, but by virtue of their illness find it impossible to come.

Although the club has been in Watford now for fourteen years it is still astonishing to realize that its existence is to a large extent unknown to the various welfare organizations and General Practitioners.

The need for the club is great as is its purpose, and I feel that it could in many ways be expanded. It is quite obvious that a social club cannot answer the needs of all—so why not out-patient art clubs, music clubs, dramatic clubs, operating under the surveillance of doctor, social therapist, and occupational therapist, who are of course always present at the social club?"

Miss Morris, Stevenage :—

" This club was started at the Bedwell Centre, and is staffed by a rota of voluntary helpers. Nearly all the children from the Hitchin Training Centre go to this club, transported free of charge in a minibus belonging to the Parents' Association for the Mentally Handicapped. Altogether it is a very successful club, and the 'children'—actually all ages from five to twenty-five years—thoroughly enjoy themselves: it is recognized that the quarters are rather cramped to cater for the wide range of activities enjoyed by children of five years to young women of twenty-five years.

Included, too, are some six selected boys from St. Francis School, Buntingford."

Mrs. Edwards, Hertford :—

" On 14th December, 1961, a club for mentally handicapped adult girls was started, and meets every fortnight at the Friends' Meeting House in Hertford from 7 to 9 p.m. A bigger hall is needed, however, and it is hoped that adult boys and the older children from the Junior Centre may be included; also physically handicapped children. It is a purely social club, with talent spots, games, dancing, etc., and the parents help to run it. Transport is provided, and about twenty-four attend each week.

The Parents' Association has just bought a new bus, which seats fourteen, and is based in the East Herts group. It has also been suggested that they buy a holiday bungalow or caravan for families of backward children."

Miss Sparks, Supervisor of the Junior Training Centre, mentions the Hemel Hempstead Club :—

" The first meeting of the Social Club was on Tuesday, 13th June, and it has been held regularly every fortnight since then. The times are from 7.15 until 9.15 p.m., and it is held at the Training Centre. There are twenty-seven members at the club, of both sexes (twenty-one male and six female), their ages ranging from fourteen to thirty-eight years. Twenty-one of these attend the Centre, and of the remaining six, three are ex-members of the Centre now in employment. The average attendance is twenty.

The club is run by the Lions International Club, and there are always four of their members in charge. I also attend regularly, and the Mental Welfare Officers call in occasionally.

Transport to the club is provided by the Lions, and the minibus belonging to the local Parents' Association.

There is a charge of 6d. for tea and biscuits. There are the usual recreational activities such as table tennis, skittles, draughts, dominoes, darts, and sometimes films."

Mr. Lingham, Hatfield :—

" Two projects were started which will offer recreation and interest to the majority of my case load in the Welwyn Garden City/Hatfield area.

A client in Welwyn Garden City expressed the need for tuition in reading and writing, and in November arrangements were made with the Mid Herts College of Further Education for a class for illiterates to be started, if sufficient members could be found. Five mentally subnormal boys and men were found who required such training. These five will attend the first of the evening classes on 1st January, with three men who are illiterate but of normal intelligence.

I am very grateful to the staff of this college for their help and guidance in getting the class started.

In December, an approach was made by the Committee of the Hatfield Parents' Association, who asked if I would be willing to run a club for mentally handicapped boys over sixteen years of age. There is a great need in the area for such a society, and I agreed. A sub-committee has been set up to organize and run the club, and accommodation was found at Roehill House, Hatfield. It is hoped to commence meetings early in the spring of 1962."

Mrs. Witter, Hatfield :—

" The newly-formed Hatfield branch of the Parents' Association were given the requested help and guidance in establishing a nursery group, this being held on one afternoon each week in Roehill House, and affording a short period of relief for the mothers and play activities for these small children under five who await admission to hospital or training centre. A number of girls and young women from this area are members of the Hertford Girls' Club, though the organization of transport from outlying rural areas presents a real problem."

Miss Towning, Watford, mentions the requirements of the older girls there. She states :—

" With the opening of the Adult Training Centre, it is now possible to occupy and employ many of these girls, who have been merely sitting at home. There seems to be a need, however, for something more than just daytime employment, for even with the girls in the factories or on other work there is little to occupy them during the evenings. Classes organized by the Technical College are a little too advanced ; youth clubs possibly cater for younger age

groups. With the help of some of the staff at Leavesden Hospital, it is hoped to form a club for these girls, and offer one evening's entertainment a week."

ADMISSIONS TO HOSPITAL.

Due to the continuing shortage of hospital accommodation for mentally subnormal patients, Local Health Authorities have been asked to continue to maintain waiting lists and, when vacancies in hospital occur, to advise the Regional Hospital Boards on the relative priority of cases.

The waiting list at the end of the year was forty-nine, compared with forty-three at the end of 1960. During the year, eighty-eight subnormal patients were admitted to hospital, compared with 100 the previous year.

The following table shows the distribution of the waiting list of subnormal patients for admission to hospital at 31st December, 1961 :—

	Regional Hospital Board						Total
	N.W. Metropolitan		N.E. Metropolitan		East Anglian		
	Under 16 years	16 years and over	Under 16 years	16 years and over	Under 16 years	16 years and over	
Male	22	4	7	1	1	—	35
Female	7	1	6	—	—	—	14
	29	5	13	1	1	—	49

The eighty-eight admissions to hospitals for mentally subnormal patients during the year were made up of forty-three children and forty-five persons over the age of sixteen years. Eighty of these patients were admitted informally to hospitals, and eight under the various procedures included in the Mental Health Act.

Arrangements were also made for sixty-seven admissions for short-term care. The age-groups of the cases admitted are given in the table below :—

	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total
To Hospitals	13	21	13	17	64
To Mental Nursing Homes	—	1	—	2	3
	13	22	13	19	67

Miss Morris writes as follows :—

" Short-stay hospital care was arranged for seven patients. This is a service much appreciated by parents, and usually by the patients too, many of whom regard their stay in hospital as a holiday. The demand by parents for such help, to give them and their families much-needed respite, is rapidly growing, and this very valuable service might well be extended by the hospitals making available more ' permanent ' temporary beds, especially throughout the summer months—or perhaps by the provision by the Local Authority of accommodation where it would be possible to book up the vacancies well in advance, to enable the parents to make their holiday plans, so often not possible with hospital beds, as their availability largely depends on the holiday movements of the permanent patients, but our thanks are due to the hospitals for their very helpful co-operation."

In this context, an approach has been made by the Hertfordshire Society for the Welfare of the Mentally Handicapped, regarding a foster-parents scheme for providing short-term care. A scheme on these lines would be of considerable help to many families and the Society has been informed that the County Council would be prepared to consider giving financial assistance when suitable foster-parents have been recruited.

RESIDENTIAL ACCOMMODATION.

At the end of the year there were twenty-one mentally disordered persons, assisted by this County Council, in residential accommodation. Ten were in residential homes and hostels, and eleven were living in private households. Four of the above cases were placed during 1961.

Two cases ceased to be in residential accommodation during the year. In one case, the person had been recommended a period of rehabilitation, following in-patient psychiatric treatment for mental illness, before she returned to her teaching post. The other was a middle-aged subnormal woman, who had been in the care of various guardians since 1927, and was transferred, because of her condition, to hospital.

FORMAL ADMISSIONS.

Compulsory action is seldom necessary when dealing with subnormal and severely subnormal patients, whose admission to hospital is usually arranged on an informal basis. In eight cases, detention was arranged under the Mental Health Act (one being on an application by the nearest relative, six by order of the Courts, and one a transfer from an Approved School).

The number of statutory actions for the admission of mentally ill patients to psychiatric hospitals showed little change from previous years, though it is difficult to make direct comparison between the procedures under the Mental Health Act and those previously in force under the Lunacy and Mental Treatment Acts. The following table shows the number of actions taken by the officers of the Welfare Department, who were responsible, as Mental Welfare Officers, for arranging the formal admission of mentally ill patients to hospital.

	Action by :		
	Mental Welfare Officer.	Relative, assisted by M.W.O.	Total.
(1) <i>Informal Patients direct to Hospital</i>	75	—	75
Hospitals are no longer required to notify Local Health Authorities of admissions. In all the cases shown, the Mental Welfare Officers were consulted, and the patients were subsequently admitted to hospital informally.			
(2) <i>Emergency Admissions—Section 29</i>	230	87	317
Under Section 29, in case of urgent necessity, patients may be detained up to 72 hours in hospital, on an application by either a Mental Welfare Officer or any relative : the application has to be supported by one medical certificate.			
(3) <i>Admission for Observation—Section 25</i>	91	24	115
Under Section 25, a patient may be detained for up to 28 days in hospital. The application has to be supported by two medical certificates—one given by a practitioner having special experience in the diagnosis or treatment of mental disorder. The application may be made for a patient in community care or one already in hospital, the latter including informal patients, emergency admissions under Section 29, informal patients made statutory for up to 72 hours by the Hospital Medical Officer (Section 30), or in places of safety (Sections 135 or 136).			

	Action by :		
	Mental Welfare Officer.	Relative, assisted by M.W.O.	Total.

The circumstances in which the 115 cases were dealt with under Section 25 during the year is given in the following table :—

(a) Direct to hospital	51
(b) Following informal admission	24
(c) Following detention (Section 29)	10
(d) Following detention (Section 30)	14
(e) Following detention (Section 136)	14
	<hr/>
	115
	<hr/>

(4) <i>Admission for Treatment—Section 26</i>	92	57	149
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Patients may be detained under Section 26 for an indefinite period, subject to the renewal of the authority at the intervals laid down in the Act.

The following table shows the circumstances in which patients were dealt with under Section 26 during the year :—

(a) Direct to hospital	33
(b) Following informal admission	27
(c) Following detention (Section 25)	69
(d) Following detention (Section 29)	13
(e) Following detention (Section 30)	7
	<hr/>
	149
	<hr/>

(5) <i>Hospital Orders by Courts</i>	1	—	1
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The Local Health Authority is not directly involved when persons before the Courts are dealt with under the Mental Health Act, though a Mental Welfare Officer may be ordered by a Court to convey a patient to a hospital named in a Court Order.

(6) *Other actions.*

(a) <i>Applications to County Courts—Section 52</i>	1	—	1
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Under Section 52, an application may be made to a County Court for the nearest relative under the Mental Health Act to be displaced from exercising his or her rights under the Act. This is usually used when the nearest relative is acting unreasonably or is incapable of exercising his functions by reason of mental disorder or other illness.

(b) <i>Patients Returned to Hospital from Leave</i>	3	—	3
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(7) *Consultations by Mental Welfare Officers, following which Patients not admitted to Hospital.*

(a) Informal	99	—	99
(b) Under Section 136	5	—	5

Section 136 permits a constable to remove to a place of safety a person who appears to be suffering from mental disorder and to be in immediate need of care and control. The person may be detained in the place of safety for up to 72 hours, to enable him to be seen by a Medical Practitioner and interviewed by a Mental Welfare Officer, with a view to any necessary arrangements being made for his treatment or care.

GUARDIANSHIP.

Guardianship under the Mental Health Act largely replaces the provisions for guardianship under the Mental Deficiency Acts. It may also be used as a form of control over mentally ill patients who do not need to be in hospital, and in this respect partially replaces the provisions under the Lunacy and

Mental Treatment Acts for certified single patients, and patients boarded out from hospitals.

At the beginning of 1961, there were thirteen subnormal or severely subnormal Hertfordshire cases under guardianship, and eight at the end of the year. There have not been any mentally ill under equivalent control. The need for continued guardianship was reviewed, in accordance with the Transitional Provisions under the Mental Health Act. As it is no longer necessary for Local Authorities to place patients under guardianship, in order to assist towards the cost of their maintenance, the use of guardianship is now confined to cases where it is necessary to exercise powers of control over the patient.

In nine of the thirteen cases under guardianship at the beginning of the year, it was decided that their condition did not warrant its continuance. Of the remaining four cases who were recommended to continue subject to guardianship, two had deteriorated by the end of the year, and arrangements were in hand for their transfer, under the Mental Health Act, to detention in hospital.

Five new cases of mental subnormality were placed under guardianship of the Local Health Authority during 1961. Four of these were received into guardianship at the request of psychiatric hospitals. The patients had successfully managed on leave, but it was felt that they would benefit from the control possible under guardianship. The fifth case was placed under guardianship by Court action, but it was subsequently found necessary to arrange for his transfer to hospital.

It is anticipated that increasing use may be made of guardianship for high-grade patients, who manage successfully during a period of trial leave from hospital, but where some measure of control is felt to be necessary, beyond the period of six months permissible under the Mental Health Act for the hospital to exercise control on a detained patient absent on leave. In the past, there was no statutory limit on the period a patient could be retained on licence by a hospital, under the Mental Deficiency Acts, and cases likely to break down in the community were often kept on licence for much longer periods than is now possible.

Miss Peace, Mental Welfare Officer in St. Albans Division, comments :—

“ There are no longer the number of cases on licence from the hospitals, since they are now discharged from Order after six months' residence and work outside. In two such cases it has been deemed necessary to place them under guardianship of the Local Health Authority, for their own protection. In some cases the results of their discharge at the end of six months have been very disappointing, and brought many difficulties. Some have left their employment and their lodgings, refusing help or advice, and saying that they were now free to do as they liked. Before long, some have found themselves in difficulties.”

MENTAL NURSING HOMES.

The County Council is the registration authority, under the Mental Health Act, for Mental Nursing Homes.

Section 14 (2), Mental Health Act, 1959, defines a mental nursing home as “ any premises used or intended to be used for the reception of, and the provision of nursing or other medical treatment for, one or more mentally disordered patients (whether exclusively or in common with other persons), not being :—

(a) a hospital as defined by this Act ;

(b) any other premises managed by a Government department or provided by a local authority.”

There were in Hertfordshire six private establishments previously registered with the Board of Control, which had to be treated as Mental Nursing Homes

for the six months commencing 1st November, 1960. During this period the Authority was required to consider whether this registration was appropriate. Two of the establishments closed, and the remaining four were registered as Mental Nursing Homes. Details of the Homes and their registration are given below :—

(a) *Mental Nursing Homes in which mentally disordered persons may be detained.*

<i>Home.</i>	<i>Maximum No. of patients to be accommodated.</i>
St. Raphael's, Barvin Park, Nr. Potters Bar.	30 males suffering from subnormality, aged 16 to 60 years. 120 males suffering from severe subnormality, aged 7 to 60 years.
St. Francis School, Hillside, Buntingford.	50 males suffering from severe subnormality, aged 7 to 16 years.
St. Elizabeth's Home, Much Hadham.	30 females suffering from subnormality, aged 16 to 70 years. *78 females not suffering from mental disorder, aged 16 to 70 years.

(b) *Mental Nursing Home for the reception of mentally disordered persons informally.*

Ashendene, Bayford, Nr. Hertford.	46 males suffering from severe subnormality, over the age of 10 years.
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* All patients at this Home are epileptics.

SECTION 29.—HOME HELP SERVICE.

The impetus given by the incorporation of a mandate in the National Health Service has made home help one of the more expensive items in the yearly budget of Local Health Authorities. It is still, however, in all probability far from reaching its true potential in the amount and type of help it could and indeed should give to the community.

It is pleasant to record that in Hertfordshire the value of the service is so well recognized by the Health Committee that it is not a financial restriction which limits its expansion but the impossibility of obtaining an adequate number of suitable persons to employ within it. To send Helps into homes when there is all too frequently some degree of emotional stress calls for a considered selection of the people suitable for this duty, and means too that they must be given some insight into the wider application of the work they may be called upon to do in the house, than just the actual domestic labour involved. The courses of training to which the County Organizer alludes in her report is an attempt to achieve this and one has the feeling that the individual Home Help who has attended a course has benefited accordingly.

At the same time one must have regard to the question whether a few hours a week or even every day do meet the requirements of those in the community who handicapped in one way or another cannot really look after themselves adequately as independent beings. The Good Neighbour scheme approved by the Committee at the end of the year should go some way to fill the gap in the service but it can only do this properly if it is found possible within its operation to aid those who should have evening visits and at times a person at the bedside throughout some of the night.

REPORT OF THE COUNTY HOME HELP ORGANIZER.

During the year, the number of households which have received help from the service has once again increased. Certain categories, however, have diminished, notably the tuberculous, the blind, and the acute illness cases, whilst the numbers of chronic sick and maternity cases have risen. Recruitment of Home Helps has remained difficult in most parts of the County, although even so the number has increased slightly during the past year.

Administration.

There have been two changes in local office arrangements. The Bishop's Stortford service moved into the new County Health Centre and regular hours of opening to the public were established. The Harpenden Home Help Organizer, working from the Divisional Health Office in St. Albans, was given the use of a room at 40 Luton Road, Harpenden, for two sessions weekly and eventually it is planned to establish her in an Harpenden office completely. During the year the Barnet service was allocated more clerical help, and temporary clerical help was allowed for some months to the Bishop's Stortford office since one of the Organizers had a prolonged period of sick leave.

The Watford and Barnet offices began a five-day week during the year, keeping in line with other local government offices. Following the very sad death of Mrs. Trewby, the Hatfield Organizer, the Mid Herts area was reorganized and an Assistant Organizer appointed to work throughout the whole of the Division under the Welwyn Garden City Organizer, although covering the work in Hatfield in particular.

In-Service Training.

Following the success of the pilot course which took place last year in East Hertfordshire, four training courses were run during 1961 centred in Watford, St. Albans, Welwyn Garden City, and Hertford and sixty-six Helps from all parts of the County took part. Talks, demonstrations, and films were given on various subjects connected with their work. A number of interesting points were raised by the Helps attending the courses, and some suggestions for improvements were made. The enthusiasm of those taking part in the courses was very gratifying and they all agreed that they had derived great benefit from them.

Staff Welfare.

During the year the Mass Radiography Unit visited several parts of the County and Home Helps were encouraged to attend for a chest X-ray when the units were close by.

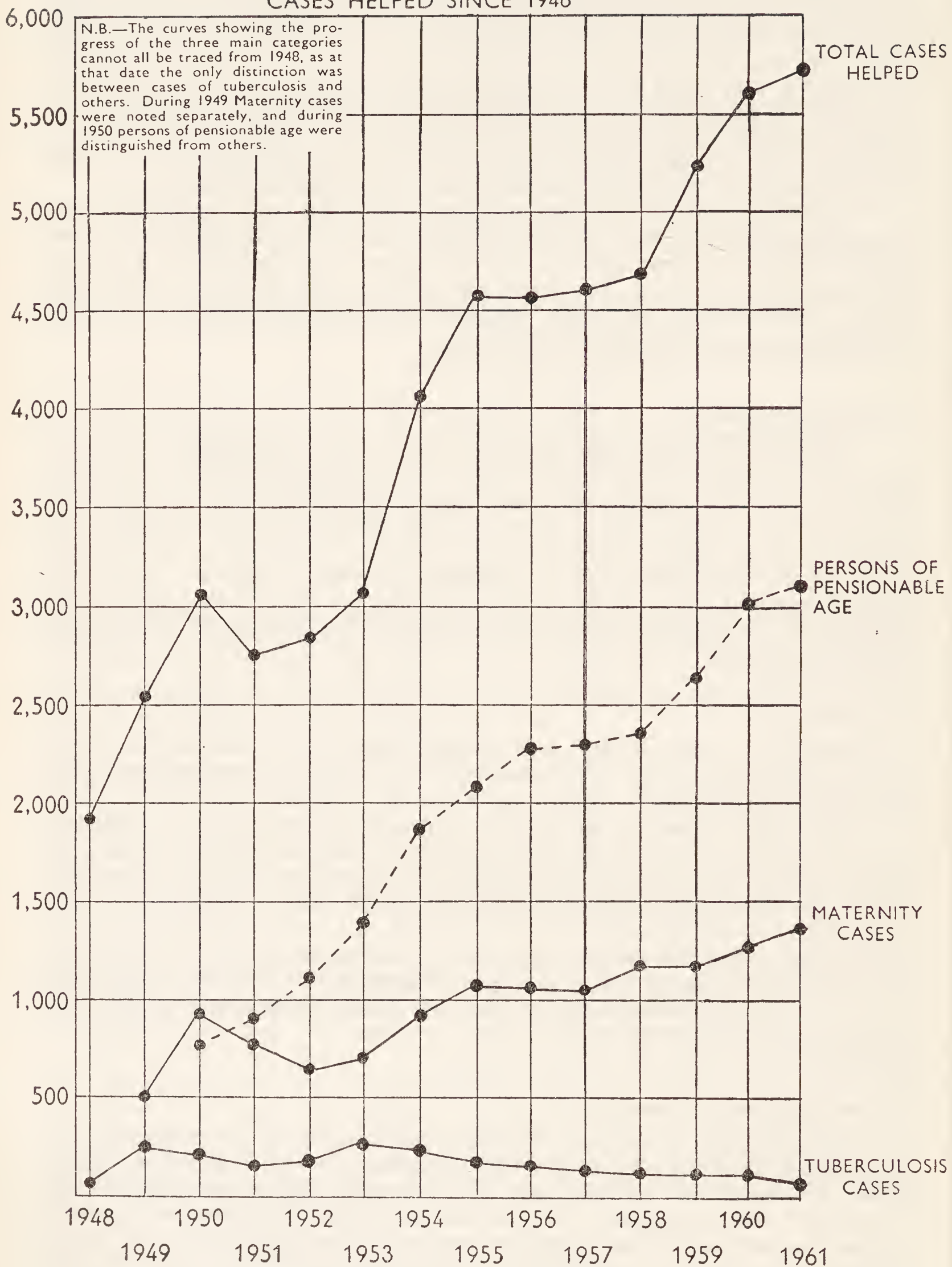
Once again, several long service badges were awarded for continuous service with the County Council. In June, the Chairman of the Health Committee personally presented most of these at a ceremony held at County Hall. Twenty-seven Home Helps received badges for ten years' service and twenty-eight for five years' service.

In September, one Home Help was sent as a representative of the County to the International Conference for Home Helps held in London. This proved to be a very interesting meeting and the Home Help later reported her experience to others in her area.

" Good Neighbour " Service.

For some time it has been felt that there was room for expanding the Home Help Service to offer a more flexible and varied type of help in particular cases. In view of this, inquiries were made about the Buckinghamshire County Council's " Good Neighbour " Scheme and in December approval was given to a pilot scheme based on similar lines to the one in Buckinghamshire. A " Good Neighbour " will differ from a Home Help in that she will be recruited solely to assist one householder and that she will be used especially to assist patients who are in need of help at intervals throughout the whole day. The " Good Neighbour " service will also extend to provide night sitters-in in cases where relatives need relief from being up all night with a sick person. The scheme will be run under the supervision of the local Home Help Organizers and it is thought that it may ease the problem of recruitment as a different type of person

CASES HELPED SINCE 1948



may be attracted to being a “ Good Neighbour ” than to becoming a Home Help. It should also enable the Home Help Service to offer a more efficient and adequate service to chronic sick patients whom it has been difficult to assist to the extent needed.

TABLE 44.
HOUSEHOLDS ATTENDED DURING 1961.

	Tubercu- losis	Chronic sick	Blind	Acute illness	Acci- dent	Miscel- laneous	Maternity and nursing mothers	Total
Persons of pen- sionable age	23	2,894	126	77	14	2	—	3,136
Other cases .	76	486	26	563	34	54	1,409	2,648
Total . .	99	3,380	152	640	48	56	1,409	5,784

TABLE 45.

Cases helped during year	Cases current at :		Average weekly hours, Dec., 1960	EQUIVA- lent No. of full- time Home Helps	Average weekly hours, Dec., 1961	EQUIVA- lent No. of full- time Home Helps	No. of Organizers and Clerks					
							Dec., 1960			Dec., 1961		
	1.1.61	31.12.61					Full- time	Part- time	EQUIVA- lent full- time	Full- time	Part- time	EQUIVA- lent full- time
5,784	2,670	2,856	15,226	362·5	15,607	371·6	16	13	22·4	18	13	24·4

HEALTH EDUCATION.

Health problems which present themselves to-day cannot be solved without health education. Members of the staff have been contributing over the years towards health education in one way or another. These contributions have ranged from formal lectures given by Medical Officers to Parent/Teacher groups to informal and personal talks given by the Health Visitors in the clinics or in the homes. Individual teaching has also been carried out by the Doctors, Nurses, Health Visitors, and Home Helps in their day-to-day duties. This individual approach is without doubt the most valuable type of health education, but it must be supplemented by organized group teaching methods.

A Health Education Officer was appointed in July, 1961, to assist the medical, nursing, and other staff in methods of group teaching, and to keep them informed of, and supplied with, up-to-date visual aids. This officer, who was previously a Divisional Nursing Officer in the County, attended the one-year course at London University in the “ Contents and Methods of Health Education ”. Her previous experience as a Nursing Officer was obviously an advantage as she was already familiar with many of the problems which would present themselves. To ascertain the general position and to assess future needs, she spent a considerable time during the first few months visiting various centres in each Division.

The Health Visitors in the Dacorum Division arranged with her help, organized group discussions in the Child Welfare Centres. The aim of these group discussions was to advise and interest the mother in normal child development. A five-minute talk given by a Health Visitor was supplemented by visual aids such as film-strips, displays, or posters. This was followed by discussion in which the mothers participated. The experiment has been most

successful and there was little difficulty in persuading mothers to join in these discussion groups. Indeed it was found necessary to draw up a waiting list of mothers for this purpose. With the present change in the pattern of Infant Welfare Centres it is anticipated that this system of group teaching will extend throughout the County and, in fact, other Centres have already followed suit.

A comprehensive poster service has been developed which is now in use at all Welfare Centres throughout the County. At approximately two-month intervals a set of posters illustrating some particular aspect of health education is issued for use in the Centres, together with leaflets and other health education material pertaining to the subject matter. There is no doubt that a short poster campaign on one particular subject is of much more value than a continuous supply of posters on various subjects. This poster service will continue and it is hoped that in the near future original posters and leaflets written and designed in the Health Department will be available to include in the series.

The existing film-strip library has been increased during the year and film-strips are now available on loan on a wide diversity of subjects. These film-strips are used by staff for illustrating lectures and talks in schools and Health Centres, and for supplementing the small group discussions.

Flannelgraphs are a most valuable type of visual aid and a central library of flannelgraphs has been established, some of these having been designed and stencilled within the Department.

Sound films can be hired from various organizations and several previews of available sound films have been given to groups of Health Visitors. The County Council agreed to assist Local Home Safety Committees and the Health Education Officer has been consulted by several of those Committees on the setting up of exhibitions. Arrangements have been made for the establishment of a permanent display which would be made available for local Committees as required.

It is clear already that the services of the County Health Education Officer will be fully utilized and that her field of usefulness will expand.

NURSING HOMES.

There are now fifteen registered Nursing Homes as opposed to nineteen at the end of 1960. These homes are registered to care for thirty-three maternity and 250 other patients. All are visited regularly by nursing and medical officers.

ENVIRONMENTAL HYGIENE AND SANITARY ADMINISTRATION.

This Report deals with the work of the County Health Inspector.

MILK AND DAIRIES.

(a) Sampling of Milk for the Detection of Tubercle Bacilli.

Last year, I reported that on the instructions of the Committee, efforts had been made to ensure that all farms were sampled at six-monthly intervals. Previously, it had been the practice to sample non-designated farms at six-monthly intervals and to sample tuberculin-tested herds at 12-monthly intervals. It was, in fact, possible during 1960 to cover most farms twice during the year. Table shows that there was only one positive T.B. sample in that year out of 866 samples from tuberculin-tested herds and there were no positive samples from non-designated herds. I have to report that in 1961, most farms were

sampled twice during the year and not a single positive sample was obtained. The apparent absence of tubercle bacilli in samples of milk taken from Hertfordshire herds is very satisfying and has been something for which the Veterinary Service of the Ministry of Agriculture, Fisheries and Food, together with Health Authorities, have been striving to achieve for many years. All cattle in this country are now "Attested". This means that all herds are regularly supervised by Veterinary Officers and routine tuberculin tests are carried out and one would expect a resultant fall in the number of positive milk samples. The time has not yet come, however, to consider abandoning our biological sampling scheme. Infection can still occur in dairy herds from time to time and in some cases it can have an "explosive" tendency, all animals quickly becoming reactors. If an infection occurs immediately after a tuberculin test of the herd, it might remain undetected for a period of twelve months until the next test is due, but though it would be unwise to discontinue sampling at the present stage I think that sampling at intervals of twelve months is all that is necessary, especially if arrangements can be made with the Veterinary Service so that biological samples are taken in between the tuberculin tests on herds.

MILK SAMPLES FOR BIOLOGICAL TESTING FOR THE
PRESENCE OF TUBERCLE BACILLI.

TABLE 46.

Year	Total No. of Completed Tests	Non-designated			Tuberculin Tested		
		Neg.	Pos.	%	Neg.	Pos.	%
1956	1,016	329	9	2.66	677	1	0.15
1957	949	236	10	4.07	700	3	0.43
1958	1,065	222	2	0.90	841	—	—
1959	953	120	—	—	831	2	0.24
1960	915	49	—	—	865	1	0.12
1961	958	34	—	—	924	—	—

The number of dairy farms in the County is 520, of which 494 hold tuberculin-tested licences, while twenty-six are still non-designated. As mentioned earlier, these non-designated herds are all "Attested" and are therefore subjected to routine tuberculin testing as for tuberculin-tested herds but there is no compulsion on such farms to become tuberculin tested as the latter designation implies that certain standards have been achieved in the construction of dairies and cowsheds and the milking techniques.

As a point of interest, wide sampling powers are given to Officers of both District Councils and Food and Drugs Authorities by the existing legislation but the biological sampling of milk which we carry out originates from the fact that County Councils have a direct responsibility to prevent the sale of milk from tuberculous animals and also from animals suffering from certain scheduled diseases which include Anthrax and Foot and Mouth disease. It has always been felt that our biological scheme which is intended primarily to detect T.B. and also brucella abortus infections in milk, only goes part of the way towards ensuring that milk sold to the general public contains no pathogens. Fortunately it is current practice to pasteurize at least 90 per cent of the milk produced and certainly all milk from non-designated farms is heat-treated.

(b) *Brucella infection in milk.*

Our biological samples are tested for the presence of brucella organisms in

addition to those of tuberculosis. *Brucella* organisms can cause contagious abortion among cattle and also can be responsible for undulant fever in man. Undulant fever is not a notifiable disease. There were no cases to our knowledge during the year.

There has been a gradual reduction in the number of *brucella abortus* positive samples from dairy herds and while 10 or 15 per cent of samples were positive a decade ago, the percentage has now dwindled and in 1960 it was 1 per cent of all samples taken. This year there has been a slight increase and of the 958 samples obtained from dairy herds, seventeen were positive, giving a percentage of 1.8. I think the slight increase in percentage over last year's figures is of probably little importance although we will watch the 1962 figures with interest.

(c) *Supervision of Pasteurizing Plants.*

The County Council, as Food and Drugs Authority, licences and supervises pasteurizing plants. One pasteurizing plant closed down during the year and we now supervise nine plants of which three use the High Temperature Short Time process while the remainder pasteurize milk in "Holder" plants.

The High Temperature Short Time plant subjects milk to a pasteurizing temperature of not less than 161° F. for a period of not less than 15 seconds while the Batch Holder heats and retains the milk at a temperature between 145° and 150° F. for not less than 30 minutes. The following table shows the result of pasteurized milk samples taken during the year.

TABLE 47.
PASTEURIZED MILK SAMPLES.

	Phosphatase Test			Methylene Blue Test		
	Pass	Fail	%	Pass	Fail	%
Holder . .	280	3	1.0	275	8	2.9
H.T.S.T. . .	94	—	—	94	5	5.3

Again, as last year, it is gratifying to note that there were no phosphatase failures in milk treated by the High Temperature Short Time process. The five methylene blue failures all occurred at one dairy and thorough investigations were carried out as a result. The fault lay with the detailed cleaning of the plant and, as a result of advice given, it is hoped that there will be no recurrences. The percentage of phosphatase failures from Holder plants is less than during 1960 (3 per cent) although the percentage of methylene blue failures has risen (0.6 per cent in 1960). Prior to the 1st October, 1960, if the atmospheric temperature exceeded 65° F. between the time of taking the sample and of testing at the laboratory, the sample was automatically discounted. Under the Milk (Special Designation) Regulations, 1960, the atmospheric temperature beyond which failing samples were discarded was increased to 70° F. This may have accounted for the increase in the number of failures. All phosphatase and methylene blue failures are fully investigated and checks are carried out as a routine on thermometers and thermographs. During the year 450 visits were made to pasteurizing plants licensed by the County Council.

The increasing demands for pasteurized milk has tempted some dairymen to take on commitments which may be beyond their resources. While some rise well to this opportunity, others have found it difficult to keep up reasonably

satisfactory standards in the face of the increasing volume of milk which has to be treated or handled. During the year we had to advise that one dairyman should lose his school milk contract since his premises and methods were unsatisfactory. This was largely due to the fact that his output of treated milk had increased to a degree where his premises were no longer suitable for handling the volume of milk.

(d) Supervision of Dairies.

Under the Milk (Special Designation) Regulations, 1960, the County Council as Food and Drugs Authority was made responsible for licensing dairy premises in the Food and Drugs area of the county. The Regulations came into force on the 1st January, 1961, and all premises were visited and inspected. Of the 178 dairies licensed, 115 are shop premises which are concerned mainly with selling limited quantities of bottled milk. It is felt that it would be a waste of time making regular visits to all shop premises selling milk, especially when the grade of milk is limited to "sterilized". As long as the premises are clean and there are refrigeration facilities, there is little point in over-doing supervisory work. Those dairies, however, which still bottle milk or where large quantities are handled are visited frequently. Sixty-one samples were obtained from dairies other than pasteurizing plants during the year and five of these were unsatisfactory. Follow-up visits were arranged and further samples were obtained.

SWIMMING BATHS.

Forty-nine swimming baths are now approved for use in the County, and there is one "out-county" swimming pool. Five hundred and sixty-three samples were obtained from the thirty-eight pools which have continuous-flow filtration systems and where the chlorine dosing is more or less automatic. Of these there were fourteen failures, one pool having three failures during the year out of a total of twenty-four samples taken. Four pools each had two failures while three pools had one failure each. A percentage sample failure of 2.5 must be regarded as satisfactory as the standards laid down are particularly high and if there is the slightest fault in equipment or technique, there is every chance that this will give failures.

Of the "fill and empty" type of bath, of which there are eleven, eighty-three samples were obtained during the year and there were no failing samples. This is very satisfactory and shows what can be achieved even by hand dosing methods provided that adequate chlorination is carried out and a good routine established. The tests applied were the same as for those baths using the continuous flow system of purification.

Interest in the Parent/Teacher Association "do it yourself" pools is as great as ever and numerous inquiries were dealt with by Health Department staff during the year. Four new pools were completed by the end of the season, all being of the 50 by 25 ft. type suitable for teaching purposes. One of these pools is designed to run on the "fill and empty" system with hand dosing using hypochlorite but discussions have already taken place with the Headmistress of the school and with a representative of a Specialist Engineering firm and it is likely that an up-to-date filtration and chlorination system will be provided for the beginning of the 1962 season. The other three pools have continuous flow filtration and chlorination systems. In two cases, diatomaceous earth filters have been provided while in the other case, a conventional sand filter is used.

1961 saw the completion of the first of the County's new indoor pools which are to be provided as extra gymnasium space. While the cost of these pools has

to be kept down as much as possible, the most up-to-date type of filtration and chlorination system is required as it is felt that they will be subjected to prolonged and heavy bathing loads. Of the eleven samples taken towards the end of the year, all were satisfactory.

An interesting investigation was carried out at one covered bath used by school-children in the County. For some time there had been turbidity in the water and although generally sample results were excellent there was a sample failure towards the end of the year. It was found that air was being drawn into the low-pressure side of the water pumping system and this was causing an intermittent flow of water through the sand filters. This produced agitation in the filtering element and in fact some sand was being forced into the return circulation pipe at the shallow end of the pool. The filtration efficiency was being affected. There was a considerable improvement in the clarity of the water as soon as this defect was remedied.

REFUSE DISPOSAL.

The deposit of refuse imported to one district from another is prohibited under Section 26 of the Hertfordshire County Council Act, 1935, unless consent is issued jointly by the County Council and the District Council in whose area the tipping takes place. These consents stipulate conditions under which refuse is to be tipped and enable operations to be controlled in such a way as to prevent nuisances arising. During the year three new consents were issued in respect of sites where inorganic materials are to be tipped, while two consents were issued for tips which are to receive putrescible refuse. The Hertfordshire County Council Act, 1960, enables the County Council to licence most refuse tips irrespective of whether the refuse is imported or not. Local Authority tips are excluded from this provision provided that the refuse "is of such a nature as is not likely to cause a nuisance".

During the year 329 visits were made to refuse tips by Officers of the Department.

Several deposits of mildly radioactive materials were disposed of at one Hertfordshire tip in 1961. This site had been specially selected and authority was not given for the deposit until there had been full consultation with the appropriate Department of the Ministry of Housing and Local Government and with the local Water Undertakings. Under the provisions of Radioactive Substances Act, 1960, the Ministry of Housing and Local Government will take over full responsibility for the licensing and disposal of radioactive wastes.

RAT INFESTATION.

Officers of many Local Authorities in the County have said that there is evidence that the rat population is increasing. Infestations are mainly in the rural areas where they are more difficult to control because of natural cover. Where infestations are reported from urban areas, these can rapidly be dealt with by Rodent Officers employed by the Local Authorities or by contract labour.

Meetings have taken place from time to time between officers of Local Authorities and pest control experts of the Ministry of Agriculture, Fisheries, and Food and there is no lack of enthusiasm in tackling the problem. On the other hand, it is extremely difficult for a Rural District Council with limited staff to tackle a widespread infestation problem over a large agricultural area and much will depend on the individual efforts of landowners and tenant

farmers. The blood anti-coagulant in common use still appears to be an effective poison bait although suggestions have been made that immunity to its effects may be gaining ground. I have not heard of any positive evidence to this effect.

TABLE 48.

NEW HOUSING.

	Local Authorities and Housing Associations		Private Builders	
	Under Construction	Completed since 1st April, 1945	Under Construction	Completed since 1st April, 1945
<i>Boroughs.</i>				
Hemel Hempstead .	33	1,344	281	1,194
Hertford . . .	138	1,077	159	520
St. Albans . . .	82	3,111	110	1,449
Watford . . .	48	3,771	148	1,934
Total—Boroughs .	301	9,303	698	5,097
<i>Urbans.</i>				
Baldock . . .	—	586	2	113
Barnet . . .	80	938	63	1,013
Berkhamsted . .	88	574	56	780
Bishop's Stortford .	—	769	67	1,918
Bushey . . .	6	702	108	1,566
Cheshunt . . .	18	1,488	496	3,471
Chorleywood . .	—	198	23	691
East Barnet . . .	69	953	129	1,333
Harpenden . . .	23	695	221	1,532
Hitchin . . .	130	1,095	33	1,341
Hoddesdon . . .	9	846	82	1,194
Letchworth . . .	70	2,044	69	791
Rickmansworth . .	96	1,133	88	1,428
Royston . . .	21	516	41	391
Sawbridgeworth . .	—	234	20	321
Stevenage . . .	—	619	119	390
Tring . . .	12	167	165	613
Ware . . .	102	803	161	665
Welwyn Garden City .	242	1,322	5	215
Total—Urbans . .	966	15,682	1,948	19,766
<i>Rurals.</i>				
Berkhamsted . . .	8	180	15	379
Braughing . . .	5	442	26	241
Elstree . . .	4	1,574	41	889
Hatfield . . .	11	1,468	28	1,642
Hemel Hempstead . .	27	795	38	627
Hertford . . .	50	641	69	420
Hitchin . . .	40	936	78	746
St. Albans . . .	87	1,723	245	2,751
Ware . . .	—	690	14	303
Watford . . .	48	965	120	1,804
Welwyn . . .	—	396	21	343
Total—Rurals . .	280	9,910	695	10,145
Totals—County . .	1,547	34,895	3,341	35,008

This table does not show the housing development in the New Towns within the County boundary. The following table shows the number of houses completed in the New Towns at the 31st December, 1961.

	Under construction	Completed
Hatfield	227	3,125
Hemel Hempstead	987	9,772
Stevenage	1,675	10,046
Welwyn Garden City	522	4,534
Totals	3,411	27,477

